

<b>Case Number:</b>	CM15-0038929		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 55-year-old who has filed a claim for chronic elbow, wrist, shoulder, and upper extremity pain reportedly associated with an industrial injury of May 13, 2013. In a Utilization Review report dated February 19, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities apparently performed on January 7, 2015. The claims administrator contended that said electrodiagnostic testing had demonstrated mild bilateral carpal tunnel syndrome. The claims administrator stated that the attending provider had failed to furnish a compelling rationale for the testing in question. The applicant's attorney subsequently appealed. The actual electrodiagnostic testing report was reviewed. In a report dated January 7, 2015, the electrodiagnostician noted that the applicant did have evidence of a borderline to mild bilateral carpal tunnel syndrome. In a progress note dated October 9, 2014, handwritten, difficult to follow, and not entirely legible, the applicant was placed off of work, on total temporary disability. The applicant was status post earlier right shoulder surgery, it was acknowledged. There was no seeming mention of the need for electrodiagnostic testing on this occasion. In a December 16, 2014 progress note, the applicant reported ongoing complaints of neck pain radiating to the right hand, weakness about the right upper extremity, right elbow pain, and right upper extremity paresthesias. The applicant was given a presumptive diagnosis of right-sided carpal tunnel syndrome versus right-sided ulnar neuropathy. The applicant was placed off of work, on total temporary disability. On January 29, 2015, the applicant was, once again, placed off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective: EMG/NCV of the right shoulder/elbow only (DOS: 01/07/2015):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, tables 11-1, 11-4 & 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Yes, the electrodiagnostic testing of the right upper extremity to include the right shoulder and right elbow was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other diagnostic considerations, including cervical radiculopathy. Here, the applicant did have complaints of neck pain, right upper extremity paresthesias, etc., as present on or around the date in question. Various items were on the differential diagnoses list, including ulnar neuropathy, carpal tunnel syndrome, cervical radiculopathy, etc. Electrodiagnostic testing was indicated to differentiate between the same. The electrodiagnostic testing in question was ultimately positive and did establish a diagnosis of a mild carpal tunnel syndrome, it was incidentally noted. Therefore, the request was medically necessary.