

<b>Case Number:</b>	CM15-0057610		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/25/2009
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 53 year old female who sustained an industrial injury in 7/25/09. The mechanism of injury is unclear. She currently complains of persistent right thumb pain with clicking. She has paresthesias down her arms and into her ulnar digits. She is wearing her elbow extension braces. She also complains of burning pain in the right upper back from her neck. She has increased pain to the right shoulder. Medications were not specifically identified. Diagnoses include status post bilateral carpal tunnel syndrome, status post release (10/14/12), left; status post right index finger trigger finger release; bilateral cubital tunnel; proximal compression; right trigger thumb; right upper costotransverse joint sprain with cervicothoracic myofascial pain; forearm myofascitis. Treatments to date include injection into right trigger finger (1/8/15), elbow brace. In the progress note dated 3/4/15 the treating provider's plan of care recommends electromyography/ nerve conduction study of the upper extremity for further diagnostic workup regarding her persistent right cervical radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back nerve, conduction studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents on 03/24/15 with neck and right thumb pain rated 9-10/10. Patient also reports numbness and tingling in the ulnar digits of an unspecified arm, and an increase in shoulder pain to an unspecified side. The patient's date of injury is 07/25/09. Patient has no documented surgical history directed at these complaints. The request is for **EMG/NCV RIGHT UPPER EXTREMITY**. The RFA is dated 03/09/15. Physical examination dated 03/04/15 reveals tenderness to palpation and guarding of the cervical paraspinal muscles with spasms noted, and tenderness to palpation of the trapezium, scalene and right shoulder. Provider also notes positive Tinel's sign on the right, positive elbow flexion test bilaterally, and decreased sensation to the right C5-C7 dermatome distributions. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Per 03/04/15 progress note, patient is advised to return to work with modifications. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies EDS may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies NCS, or in more difficult cases, electromyography EMG may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In regard to an EMG/NCV study to be performed on the right upper extremity, the request appears reasonable. Progress note dated 03/04/15 documents that this patient has intermittent tingling in the right hand, positive Tinel's sign, trigger thumb, and decreased sensation along the C5-C7 dermatomal distributions of the right arm. Progress notes indicate that this patient has had EMG/NCV completed on 10/28/11 with findings of severe carpal tunnel syndrome on the right. Given the persistence and severity of this patient's cervical and carpal tunnel symptoms and the duration of continued signs of neuropathy, elapsed time since the last EDS was performed, an additional repeat study is appropriate to fully assess the most appropriate improve this patient's course of care. Therefore, this request IS medically necessary.