

<b>Case Number:</b>	CM15-0081262		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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, Florida, 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 injured worker is a 33-year-old female, with a reported date of injury of 02/27/2013. The diagnoses include right shoulder impingement syndrome and possible tear, synovitis, and bursitis, cervical sprain, status post right shoulder arthroscopy, carpal tunnel syndrome of the right hand with ulnar nerve neuropraxia of the right elbow, compensatory pain on the left shoulder with biceps tendinitis, and bilateral carpal tunnel syndrome. Treatments to date have included right shoulder manipulation and arthroscopy, physical therapy, oral medication, topical pain medication, and a transcutaneous electrical nerve stimulation (TENS) unit. The progress report dated 03/12/2015 indicates that the injured worker complained of cervical spine pain, right shoulder pain, right elbow pain, and right wrist pain. She felt that her numbness on the right hand had increased. The injured worker also complained of left shoulder discomfort over the anterior aspect of the shoulder. The physical examination showed decreased right shoulder range of motion, a slightly positive impingement sign, diffuse tenderness to palpation of the right shoulder, decreased sensation in the ulnar and median nerve distribution of the right hand, and minimal tenderness to palpation over the bicipital groove of the left shoulder. The treating physician requested a repeat electromyography/nerve conduction velocity (EMG/NCV) studies for the status of her carpal tunnel syndromes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG)/Nerve conduction velocity test (NCV) for the carpal tunnel syndrome:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): Primarily Chapter 12, page 303.

**Decision rationale:** This claimant was injured two years ago. Several musculoskeletal diagnoses are cited; there is alleged neuropraxia of the right elbow, but no progression of objective neurologic signs is noted. A carpal tunnel syndrome is mentioned, and there is reported dermatomal sensory decrement, but the outcomes of the prior electrodiagnostic studies, or evidence of true objective progression of the signs [not symptoms only] showing progressive objective median nerve impingement, or even equivocal signs, is noted. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing progressive objective equivocal signs that might warrant clarification with a repeat electrodiagnostic testing. The request was appropriately non-certified. Therefore, the requested treatment is not medically necessary.