

<b>Case Number:</b>	CM15-0083656		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 36 year old female who sustained an industrial injury on 4/15/14 from repetitive motion involving her bilateral wrist, right hand, right shoulder. She complained of bilateral wrist pain, right shoulder pain and numbness in the right hand. She currently complains of (2/13/15) of pain in both hands with sensation that they are falling asleep. She has a pain level of 8/10 in her right wrist/ hand and 5/10 in the left. She has persistent right shoulder pain that radiates to the upper arm with a pain level of 7/10. She has right elbow and cervical pain with pain level of 5/10. On physical exam she has positive Tinel's to both carpal tunnels; positive Durkin and Phalen's sign at bilateral wrists. Her current medications facilitate maintenance of activities of daily living including self-care, light housework, shopping and cooking. Her medications are Tramadol ER, cyclobenzaprine, naproxen, pantoprazole. Diagnoses include bilateral carpal tunnel syndrome; left middle finger ganglion; right shoulder acromioclavicular osteoarthropathy and subacromial bursitis; right greater than left median neuropathy; rule out right cubital syndrome; cervical myofascial pain. Treatments to date include physical therapy; wrist splints; anti-inflammatory medication. Diagnostics include electromyography/ nerve conduction study (9/29/14) demonstrated moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome and on 12/12/14 showed the right upper extremity consistent with mild right carpal tunnel syndrome and no evidence of ulnar neuropathy, radial neuropathy or cervical radiculopathy. In the progress note dated 2/13/15 the treating provider's plan of care includes request for medically necessary electromyography/ nerve conduction study of the upper

extremities with neurological consult due to progressive neurological findings of the right upper extremity with a greater degree of weakness to rule out upper extremity compression neuropathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCV of upper extremities (repeat): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178, Acupuncture Treatment Guidelines.

**Decision rationale:** The patient has established diagnosis of moderate CTS by previous EMG/NCV and continues to treat without functional benefit. Additionally, current submitted reports have not adequately demonstrated any significant change in chronic symptoms and clinical findings of neurological deficits suggestive of deterioration to repeat study already confirming previous significant identified nerve entrapment. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms and clinical findings to support repeating the electrodiagnostic study. The EMG/NCV of upper extremities (repeat) is not medically necessary and appropriate.