

<b>Case Number:</b>	CM14-0136826		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 66-year-old female was reportedly injured on 3/12/2014 due to repetitive lifting of clothing at work. The most recent progress note, dated 7/29/2014, indicated that there were ongoing complaints of hand pain, numbness and tingling. Physical examination demonstrated tenderness to the hands, about the thumb over the metacarpal, thenar and hypothenar areas and they do have a positive Tinel's sign. There was decreased right thumb/finger opposition and wrist strength due to pain. There was also 2 point discrimination sensation normal in all digits and a positive Heberden's nodes present. No Tinel's sign at the carpal tunnel. Mildly decreased cervical range of motion with minimal tenderness in the posterior paracervical trapezii and the patient had a normal gait. No recent diagnostic imaging studies available for review. Diagnoses were hand muscle strain, neck muscle strain, wrist sprain, and trapezius strain. Previous treatment included acupuncture. A request had been made for EMG (Electromyography) study of the right and left upper extremity and NCS (Nerve Conduction Study) of the right and left upper extremity, which was not certified in the utilization review on 8/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyelography) study of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Forearm, Wrist and Hand (Acute and Chronic)

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

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocity (NCV) studies to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant suffers from hand pain, numbness and tingling since March 2014; however, the objective findings are not consistent with neuropathic or radicular pain on physical exam. Given the claimant's clinical presentation and current diagnosis, this request is not considered medically necessary.

**EMG (Electromyography) study of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Forearm, Wrist and Hand (Acute and Chronic)

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

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocity (NCV) studies to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant suffers from hand pain, numbness and tingling since March 2014; however, the objective findings are not consistent with neuropathic or radicular pain on physical exam. Given the claimant's clinical presentation and current diagnosis, this request is not considered medically necessary.

**NCS (Nerve Conduction Study) of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Forearm, Wrist and Hand (Acute and Chronic)

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

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocity (NCV) studies to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The guidelines do not recommend NCV studies

for peripheral systemic neuropathy of uncertain etiology. The claimant suffers from hand pain, numbness and tingling since March 2014; however, the objective findings are not consistent with neuropathic or radicular pain on physical exam. Given the claimant's clinical presentation and current diagnosis, this request is not considered medically necessary.

**NCS (Nerve Conduction Study) of the left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Forearm, Wrist and Hand (Acute and Chronic)

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

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocity (NCV) studies to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The guidelines do not recommend NCV studies for peripheral systemic neuropathy of uncertain etiology. The claimant suffers from hand pain, numbness and tingling since March 2014; however, the objective findings are not consistent with neuropathic or radicular pain on physical exam. Given the claimant's clinical presentation and current diagnosis, this request is not considered medically necessary.