

<b>Case Number:</b>	CM14-0139838		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This injured worker is a 42 year old employee with date of injury of 10/11/2013. Medical records indicate the injured worker is undergoing treatment for right hand, wrist and shoulder pain. Subjective complaints include right hand, wrist and shoulder pain that is described as sharp to throbbing and is made worse by lifting and pressure. Her hand, wrist and shoulder do swell occasionally. The pain is variable depending on the activity level. She says her pain level is 3-4/10 but she feels it is "stable". Objective findings include on right shoulder: no atrophy or bruising. Crossover test negative; Hawkins test was positive. Shoulder motion and tenderness to palpation at the lateral deltoid cause's pain. External rotation and Abduction demonstrates strength. Right elbow: Percussion over the ulnar nerve in the cubital tunnel causes neither pain nor paresthesias. Wrist extension against force causes no pain over the later epicondyle. Wrist flexion against force causes pain over the medial epicondyle. Right wrist has no crepitus present, Finkelstein's test is negative, and a ganglion is not present. Movement of the wrist causes pain and Phalen's test is negative. She has no scars. There is swelling on the volar surface of the wrist and she has tenderness to palpation over the volar surface. Tinel's sign is negative and there is no deformity. In the right hand light touch discrimination is abnormal in the right median nerve distribution below the wrist. Treatment has consisted of subacromial injection, PT and ibuprofen. The utilization review determination was rendered on 8/14/2014 recommending non-certification of an EMG of right upper extremity and NCS of right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG of Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

**Decision rationale:** ACOEM 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." ODG states, "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). The treating physician does not document subjective or objective evidence of cervical radiculopathy by MRI or physical exam. The treating physician does document a positive Tinel's, Phalen's, Durkan's test and a negative right shoulder MRI. The treating physician has not met the above ACOEM and ODG criteria for an EMG of the upper extremity. As such the request for EMG of the right upper extremity is not medically necessary.

### **NCS of Right Upper Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Online Edition Chapter: Carpal Tunnel Syndrome Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

**Decision rationale:** ACOEM 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." ODG states, "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). The treating physician does not document subjective or objective evidence

of cervical radiculopathy by MRI or physical exam. The treating physician does document a positive Tinel's, Phalen's, Durkan's test and a negative right shoulder MRI. The treating physician did not document that the NCS was necessary due an impending surgery. The treating physician has not met the above ACOEM and ODG criteria for an NCS of the upper extremity. As such the request for NCS right upper extremity is not medically necessary.