

<b>Case Number:</b>	CM14-0167851		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 33-year-old female with an 8/5/14 date of injury. At the time (9/15/14) of request for authorization for EMG/NCV right upper extremity, there is documentation of subjective (moderate to severe right elbow pain with numbness and tingling into the right ring and fifth finger; and right wrist/hand pain) and objective (tenderness to palpation over the right elbow medial epicondyle, positive resisted right wrist flexion for right medial epicondylitis, and positive Tinel's sign for right median nerve compression) findings, current diagnoses (right carpal tunnel syndrome, right shoulder pain, and right elbow pain, right wrist pain, right medial and lateral epicondylitis, and right wrist tenosynovitis), and treatment to date (physical therapy with great improvement; activity modification, and medication). Medical report identifies a request to continue physical therapy.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation  
[http://www.odg=twc.com/odgtwc/Carpal\\_Tunnel.htm#Electrodiagnosticstudies](http://www.odg=twc.com/odgtwc/Carpal_Tunnel.htm#Electrodiagnosticstudies)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of right carpal tunnel syndrome, right shoulder pain, and right elbow pain, right wrist pain, right medial and lateral epicondylitis, and right wrist tenosynovitis. In addition, there is documentation of subjective (moderate to severe right elbow pain with numbness and tingling into the right ring and fifth finger) and objective (positive Tinel's sign for right median nerve compression) findings consistent with nerve entrapment. However, despite documentation of conservative treatment (medication and activity modification), and given documentation of ongoing physical therapy with great improvement and a request to continue physical therapy, there is no documentation of failure of additional conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV right upper extremity is not medically necessary.