

<b>Case Number:</b>	CM14-0088088		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 1/27/12. A utilization review determination dated 5/20/14 recommends non-certification of EMG/NCV LUE and MRI left wrist. A 5/31/12 EDS was said to be positive for chronic C7 nerve root irritation on the left and entrapment neuropathy of the median nerve at the left wrist. 4/9/14 medical report identifies bilateral hand/wrist and thumb pain with numbness and tingling, as well as bilateral shoulder and neck pain. On exam, there is limited ROM, tenderness, positive impingement signs bilaterally, surgical scars from prior carpal tunnel releases and excisions of volar ganglion cysts, and mild triggering of the left thumb. Recommendations included MRIs of the cervical and thoracic spine, bilateral shoulders, wrists, hands, and elbows, as well as electrodiagnostic studies of the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

**Decision rationale:** Regarding the request for EMG of the left upper extremity, CA MTUS and ACOEM state that electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the patient has a history of carpal tunnel release and electrodiagnostic studies from 2012 noted chronic C7 nerve root irritation on the left and entrapment neuropathy of the median nerve at the left wrist. There is no clear rationale for repeating the studies at this point and it appears that there may be a pending cervical spine MRI, the results of which may obviate the need for additional electrodiagnostic testing. In the absence of clarity regarding the above issues, the currently requested EMG of the left upper extremity is not medically necessary.

**NCV 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

**Decision rationale:** Regarding the request for NCV of the left upper extremity, CA MTUS and ACOEM state that electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the patient has a history of carpal tunnel release and electrodiagnostic studies from 2012 noted chronic C7 nerve root irritation on the left and entrapment neuropathy of the median nerve at the left wrist. There is no clear rationale for repeating the studies at this point and it appears that there may be a pending cervical spine MRI, the results of which may obviate the need for additional electrodiagnostic testing. In the absence of clarity regarding the above issues, the currently requested NCV of the left upper extremity is not medically necessary.

**MRI of the left wrist:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** Regarding the request for MRI of left wrist, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. More specifically, ODG notes that MRIs for carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic

studies. In general, they are supported in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbck's disease. Within the documentation available for review, there is no clear indication of a condition for which an MRI is supported as noted above or another clear rationale for the use of MRI in this patient. In the absence of such documentation, the currently requested MRI of left wrist is not medically necessary.