

<b>Case Number:</b>	CM14-0212998		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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 & Rehabn

### 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 patient is a 37 year old female with an injury date of 10/30/14. Based on the 11/10/14 progress report, the patient complains of bilateral elbow pain and bilateral hand pain. She describes her pain as moderately severe and intermittent. The 11/18/14 report states that the flexor surfaces of both the right and left hand are tender. No further exam findings are provided on this report. The 12/02/14 report indicates that the patient rates her pain as a 6/10. The patient's diagnoses include the following: 1. Sprain/strain of bilateral hands 2. Sprain/strain of bilateral fingers. The utilization review determination being challenged is dated 12/09/14. Treatment reports are provided from 11/03/14- 12/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back (acute and chronic) chapter, EMG

**Decision rationale:** The patient presents with bilateral elbow pain and bilateral hand pain. The request is for EMG/NCV of the bilateral upper extremities. The utilization review denial rationale is that the "date of injury is 10/30/14, and electrodiagnostics were ordered on 11/10/14, less than 2 weeks from the date of injury. ACOEM Guidelines page 262 states: "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later and the course of treatment if symptoms persist." ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, "recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary." The reason for the request is not provided and there is no prior EMG/NCV testing done on the patient's upper extremities. The patient's flexor surfaces of both the right and left hand are tender. The patient was injured on 10/30/14 and electrodiagnostics were ordered on 11/10/14, less than 2 weeks from the date of injury. Guidelines do not recommend electrodiagnostics until after 4-6 weeks of neuropathic symptoms. In addition, the patient has not tried any conservative therapy. Therefore, the requested EMG/NCV of the bilateral upper extremities is not medically necessary.