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| <b>Case Number:</b>   | CM14-0215818 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 12/06/2012 |
| <b>Decision Date:</b> | 03/12/2015   | <b>UR Denial Date:</b>       | 12/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 69-year-old female who reported an injury on 12/16/2012. The mechanism of injury was repetitive motion. The injured worker underwent a nerve conduction study on 01/28/2013 and underwent a right carpal tunnel release in 10/2013. Other treatments were noted to include braces, occupational and physical therapy, home exercise program, injections, a TENS unit, massage, acupuncture, and H-wave unit. The documentation of 10/13/2014 revealed the injured worker had a positive Phalen's and Durken's test on left. The diagnosis included right carpal tunnel syndrome and left carpal tunnel syndrome. The treatment plan included if occupational therapy did not help, the request would be made for a repeat nerve conduction velocity. The request was made on 12/01/2014 for a repeat nerve conduction test. The injured worker had a positive Phalen's and Durken's test on the left. There was a Request for Authorization submitted for review dated 12/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Upper Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), 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. There should be documentation of 3 to 4 weeks of conservative care and observation. The injured worker had undergone conservative care. The clinical documentation submitted for review indicated the injured worker had prior nerve conduction velocity testing and the prior studies were not provided. There was a lack of documentation indicating a necessity for both a nerve conduction velocity and EMG. Given the above, the request for EMG left upper extremity is not medically necessary.

**NCV Left Upper Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), 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. There should be documentation of 3 to 4 weeks of conservative care and observation. The injured worker had undergone conservative care. The clinical documentation submitted for review indicated the injured worker had prior nerve conduction velocity testing and the prior studies were not provided. There was a lack of documentation indicating a necessity for both a nerve conduction velocity and EMG. The injured worker had objective findings in the left upper extremity, however, the prior study was not provided and there was a lack of documentation indicating a significant change to support repeat testing. Given the above, the request for NCV left upper extremity is not medically necessary.

**EMG Right Upper Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), 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. There should be documentation of 3 to 4 weeks of conservative care and observation. The injured worker had undergone conservative care. The clinical documentation submitted for review indicated the injured worker had prior nerve conduction velocity testing and the prior studies were not provided. There was a lack of documentation indicating a necessity for both a nerve conduction velocity and EMG in the bilateral upper extremities. There was a lack of documentation of objective findings on the right upper extremity to support the necessity for repeat testing. Given the above, the request for EMG right upper extremity is not medically necessary.

**NCV Right Upper Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), 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. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had prior nerve conduction velocity testing and the prior studies were not provided. There was a lack of documentation indicating a necessity for both a nerve conduction velocity and EMG in the bilateral upper extremities. There was a lack of documentation of objective findings on the right upper extremity to support the necessity for repeat testing. Given the above, the request for NCV right upper extremity is not medically necessary.