

<b>Case Number:</b>	CM15-0105429		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 56 year old female sustained an industrial injury on 6/5/14. She subsequently reported left hip pain. Diagnoses include carpal tunnel syndrome and cervical sprain/ strain. Treatments to date include x-ray and MRI testing and prescription pain medications. The injured worker continues to experience low back and cervical spine pain with radiation to the left upper extremity. Upon examination, cervical spine, wrists and hands. Range of motion was within normal limits. There was localized tenderness over the cervical spine. Phalen's and Tinel's sign were positive on the right. A request for EMG/NCV bilateral upper extremity was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral upper extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** 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. Phalen's and Tinel's sign were positive on the right. The physical exam offered an indication of CTS. I am reversing the previous utilization decision. EMG/NCV bilateral upper extremity is medically necessary.