

<b>Case Number:</b>	CM15-0012089		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Hawaii

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 42 year old male, who sustained an industrial injury on 6/26/14. He has reported pain in the left hand and wrist. The diagnoses have included left hand sprain and acute carpal tunnel syndrome. Treatment to date has included physical therapy, x-rays of the bilateral wrists and oral medications. On 9/16/14, the injured worker reported persistent pain in the left wrist and was prescribed Gabapentin. As of the PR2 dated 12/22/14, the injured worker reported a headache from Gabapentin and stopped medication. The treating physician requested EMG/NCV bilateral upper extremities. On 12/29/14 Utilization Review non-certified a request for EMG/NCV bilateral upper extremities. The utilization review physician cited the MTUS and ACOEM guidelines. On 1/21/15, the injured worker submitted an application for IMR for review of EMG/NCV bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-62.

**Decision rationale:** The patient presents with left wrist and hand pain. The current request is for EMG/NCV bilateral upper extremities. The treating physician states that the patient stopped gabapentin as it caused headache, and the treating physician requested EMG/NCV for the bilateral upper extremities. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "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. NCS and 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 in the course of treatment if symptoms persist." In this case, the treating physician has already obtained EMG/NCV of the left upper extremity, which is the affected body part, on 12/10/14, which revealed findings within the normal values of this lab. Impressions of the EMG/NCV of the left upper extremity were 'normal study.' The request for EMG/NCV bilateral upper extremities was made on 12/22/14, less than two weeks after EMG/NCV left upper extremity was found to be normal. There is no documentation provided that supports the necessity of a second test such as new neurologic findings. The right upper extremity was not reported to be involved in the industrial injury and there are no clinical findings to support a suspicion of radiculopathy. The current request is not medically necessary and the recommendation is for denial.