

<b>Case Number:</b>	CM15-0110107		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: 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 49 year old male, who sustained an industrial injury on 10/08/2013. The injured worker reported on Doctors First Report dated 03/23/2015 the injury was gradual onset of pain in left shoulder and both wrist and was diagnosed with left shoulder rotator cuff syndrome and bilateral carpal tunnel syndrome. On provider visit dated 04/29/2015 the injured worker has reported intermittent left shoulder pain that radiates to left shoulder blade, frequent bilateral wrists pain and numbness, tingling, and weakness. On tenderness to the left shoulder subacromial/space and positive impingement sign was noted. The diagnoses have included carpal tunnel syndrome and shoulder region dis nec. Treatment to date has included medication and chiropractic therapy. The provider requested electromyogram left upper extremity/left wrist/left shoulder and electromyogram upper extremity/right wrist, nerve conduction velocity right upper extremity/right wrist and nerve conduction velocity left upper extremity/left wrist/left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left upper extremity/ left wrist/ left shoulder:** 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, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

**Decision rationale:** Based on the 03/23/15 progress report provided by treating physician, the patient presents with pain and numbness to bilateral wrists. The request is for EMG LEFT UPPER EXTREMITY/LEFT WRIST/LEFT SHOULDER. Patient's diagnosis per Request for Authorization form dated 04/29/15 includes carpal tunnel syndrome and shoulder region disease NEC. Treatment to date has included chiropractic and medications. The patient is off-work, per 004/28/15 work status report. Treatment reports provided from 02/12/15 - 04/29/15. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electro diagnostic 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. Physical examination to the bilateral wrists on 02/12/15 revealed grade 3 tenderness to palpation and restricted range of motion to the bilateral wrists. Examination on 03/23/15 revealed positive Tinel's, Phalen's and Durken's tests bilaterally. Given patient's diagnosis and continued symptoms with numbness, tingling to the bilateral upper extremities, the request appears reasonable and in accordance with guidelines. There is no evidence of prior upper extremity EMG/NCV studies done. Therefore, the request for EMG left upper extremity IS medically necessary.

**EMG upper extremity / right wrist:** 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, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

**Decision rationale:** Based on the 03/23/15 progress report provided by treating physician, the patient presents with pain and numbness to bilateral wrists. The request is for EMG UPPER EXTREMITY/RIGHT WRIST. Patient's diagnosis per Request for Authorization form dated 04/29/15 includes carpal tunnel syndrome and shoulder region disease NEC. Treatment to date has included chiropractic and medications. The patient is off-work, per 004/28/15 work status report. Treatment reports provided from 02/12/15 - 04/29/15. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electro diagnostic 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. Physical examination to the bilateral wrists on 02/12/15 revealed grade 3 tenderness to palpation and restricted range of motion to the bilateral wrists. Examination on 03/23/15 revealed positive Tinel's, Phalen's and Durken's tests bilaterally. Given patient's diagnosis and continued symptoms with numbness, tingling to the bilateral upper extremities, the request appears reasonable and in accordance with guidelines. There is no evidence of prior upper extremity EMG/NCV studies done. Therefore, the request for EMG right wrist IS medically necessary.

**NCV right upper extremity / right wrist:** 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, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

**Decision rationale:** Based on the 03/23/15 progress report provided by treating physician, the patient presents with pain and numbness to bilateral wrists. The request is for NCV RIGHT UPPER EXTREMITY/RIGHT WRIST. Patient's diagnosis per Request for Authorization form dated 04/29/15 includes carpal tunnel syndrome and shoulder region disease NEC. Treatment to date has included chiropractic and medications. The patient is off-work, per 004/28/15 work status report. Treatment reports provided from 02/12/15 - 04/29/15. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electro diagnostic 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. Physical examination to the bilateral wrists on 02/12/15 revealed grade 3 tenderness to palpation and restricted range of motion to the bilateral wrists. Examination on 03/23/15 revealed positive Tinel's, Phalen's and Durken's tests bilaterally. Given patient's diagnosis and continued symptoms with numbness, tingling to the bilateral upper extremities, the request appears reasonable and in accordance with guidelines. There is no evidence of prior upper extremity EMG/NCV studies done. Therefore, the request for NCV of right upper extremity IS medically necessary.

**NCV left upper extremity/ left wrist/ left shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303, 260-262.

**Decision rationale:** Based on the 03/23/15 progress report provided by treating physician, the patient presents with pain and numbness to bilateral wrists. The request is for NCV LEFT UPPER EXTREMITY/LEFT WRIST/LEFT SHOULDER. Patient's diagnosis per Request for Authorization form dated 04/29/15 includes carpal tunnel syndrome and shoulder region disease NEC. Treatment to date has included chiropractic and medications. The patient is off-work, per 004/28/15 work status report. Treatment reports provided from 02/12/15 - 04/29/15. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electro diagnostic 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. Physical examination to the bilateral wrists on 02/12/15 revealed grade 3 tenderness to palpation and restricted range of motion to the bilateral wrists. Examination on 03/23/15 revealed positive Tinel's, Phalen's and Durken's tests bilaterally. Given patient's diagnosis and continued symptoms with numbness, tingling to the bilateral upper extremities, the request appears reasonable and in accordance with guidelines. There is no evidence of prior upper extremity EMG/NCV studies done. Therefore, the request for NCV of left upper extremity IS medically necessary.