

<b>Case Number:</b>	CM15-0119381		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 64 year old male, who sustained an industrial injury on 2/24/2009. Diagnoses include right hand carpal tunnel syndrome, right DeQuervain's disease, right thumb stenosing tenosynovitis, left thumb tendinitis A-1 pulley without triggering, bilateral basal joint degenerative traumatic arthritis, right long finger stenosing tenosynovitis and left carpal tunnel medial neuritis. Treatment to date has included multiple surgical interventions (right carpal tunnel release (2010), left carpal tunnel release (2011), cervical spine surgery (2013), right shoulder x 3 (undated), and right carpal tunnel exploration (2014), diagnostics including electrodiagnostic testing, physical therapy, home exercise, cortisone injections and medications. Per the Orthopedic Hand Surgery Specialist Periodic Report dated 2/26/2015, the injured worker reported numbness of right hand, soreness of right wrist, unable to grasp things, decreasing numbness and tingling to the right hand, increasing numbness and tingling to the left hand with overuse and increasing pain to the left hand with multiple areas especially in the palm. Physical examination revealed A1 pulley of the right long finger without active triggering, a positive median nerve compression test, Tinel's sign with decreased light touch sensation, left carpal tunnel, positive tenderness at the thenar eminence and right sided healing steadily with good range of motion of the right fingers and right wrist. The plan of care included diagnostics and authorization was requested for NCV (nerve conduction studies)/EMG (electromyography)/SSEP of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Velocity Study (NCV)/ Electromyography (EMG)/ Somatosensory Evoked Potential Study (SSEP) of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** According to MTUS guidelines, (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks". EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study 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" (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of significant change in the patient's condition suggestive of new pathology. Therefore, the request for Nerve Velocity Study (NCV)/ Electromyography (EMG)/ Somatosensory Evoked Potential Study (SSEP) of the bilateral upper extremities is not medically necessary.