Case Number:	CM15-0124967		
Date Assigned:	07/10/2015	**Date of Injury:**	11/11/2014
Decision Date:	09/08/2015	**UR Denial Date:**	06/02/2015
Priority:	Standard	**Application Received:**	06/30/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 is a 60-year-old male patient who sustained an industrial injury on 11-11-2014. The diagnoses include overuse syndrome of bilateral hand, bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome. Per the most recent progress note dated 03-03-2015, he had pain at 6/10. The physical examination revealed bilateral wrist and hand- tenderness to palpitation along 4th-5th metacarpal area, full range of motion, and no atrophy. The medications list includes Tylenol. He has had an electromyography (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities dated 02-26-2015, which revealed bilateral ulnar nerve entrapment at the elbow and bilateral carpal tunnel syndrome. He has undergone left shoulder surgery. Other therapy done for this injury was not specified in the records provided. The treating physician prescribed a new order for electromyography (EMG)-nerve conduction studies (NCS) bilateral upper extremities, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178 and 261, 268.

Decision rationale: EMG/NCS bilateral upper extremities. Per the ACOEM guidelines "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." Patient had bilateral wrist and hand pain. He has had an electromyography (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities dated 02-26-2015, which revealed bilateral ulnar nerve entrapment at the elbow and bilateral carpal tunnel syndrome. A recent detailed clinical evaluation note is not specified in the records provided. Significant changes in signs and symptoms since last EMG/NCS that would require repeat EMG/NCS is not specified in the records provided. In addition per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The EMG/NCS bilateral upper extremities is not medically necessary for this patient at this time.