

<b>Case Number:</b>	CM15-0040363		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 62 year old male, who sustained an industrial injury on 5/11/2009. He has reported pain in the low back, bilateral knees and wrist due to repetitive movements while lifting. The diagnoses have included cervical disc syndrome, lumbar disc syndrome, internal derangement of knees, and right carpal tunnel syndrome. Treatment to date has included medication therapy, trigger point injections, physical therapy, hot wax treatment, brace, and chiropractic therapy and psychotherapy. Currently, the IW complains of pain in the right wrist, lumbar spine, and bilateral knees rated 6/10 VAS and associated with numbness. The physical examination from 1/24/15 documented a positive Tinel's sign, tenderness to lumbar spine, with positive Kemp's, straight leg raise, and minor's signs. The plan of care included continuation of physical therapy, obtain a Magnetic Resonance Imaging (MRI) of the left knee, and electromyogram on bilateral upper extremities based upon ongoing radicular complaints with weakness with failure to respond to conservative treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper extremities:** Overtaken

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** The patient presents with mild to moderate pain in the right wrist rated 6/10 with associated numbness to the right hand. The patient's date of injury is 05/11/09. Patient has no documented surgical history directed at these complaints. The request is for EMG (ELECTROMYOGRAPHY) / NCV (NERVE CONDUCTION VELOCITY) OF BILATERAL UPPER EXTREMITIES. The RFA is dated 01/24/15. Physical examination dated 01/24/15 notes that the patient is wearing a right wrist brace, documents positive Tinel's sign right and decreased range of motion of the wrist, especially on extension. Max grip examination also notes a 43 percent reduction in grip strength to the right hand compared to previous visit. The patient is currently prescribed Cyclobenzaprine, Tramadol ER, and Omeprazole. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. 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 regard to an EMG/NCV study to be performed on the upper extremities, the request appears reasonable. Progress note dated 01/24/15 documents that this patient has intermittent tingling in the right hand, positive Tinel's sign, and progressive loss of grip strength in the right hand. NCV/EMG studies are utilized to differentiate between carpal tunnel syndrome and cervical radiculopathy and could provide a clearer picture of this patient's underlying pathology. Records indicate that the patient has not had an EMG performed to date. Therefore, this request IS medically necessary.