

<b>Case Number:</b>	CM15-0069896		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 40-year-old who has filed a claim for bilateral upper extremity pain and paresthesias reportedly associated with an industrial injury of July 11, 2012. In a Utilization Review report dated April 2, 2015, the claims administrator approved a request for nerve conduction testing of the right hand while denying a request for EMG testing of the same. On January 5, 2015, the applicant reported ongoing complaints of wrist pain with associated numbness, tingling, and paresthesias about the radial aspect of the same. The applicant did not appear to be working with a rather proscriptive 3-pound lifting limitation in place. Positive Tinel and Phalen signs were noted about the wrist. The applicant was asked to continue Voltaren gel on this occasion. The applicant was placed off of work, on total temporary disability. On March 10, 2015, the applicant was given a presumptive diagnosis of carpal tunnel syndrome. 9/10 upper extremity pain complaints with associated digital paresthesias were reported. The applicant was using Advil and Voltaren gel, it was acknowledged. Repeat electrodiagnostic testing was proposed. It was suggested that the applicant had had electrodiagnostic testing at an earlier point in time, the results of which were not clearly stated. Diminished grip strength was noted about the right upper extremity. The applicant apparently had a history of pain complaints involving the neck, it was suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyograph (EMG) for the right hand:** 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 Page(s): 261.

**Decision rationale:** Yes, the request for EMG testing of the right hand was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. Her, the applicant apparently had a lengthy history of right upper extremity paresthesias, superimposed on complaints of neck pain radiating into the right arm. Appropriate electrodiagnostic studies, to include the EMG at issue, were indicated to help differentiate between the two possible pain generators present here. Therefore, the request is medically necessary.