

<b>Case Number:</b>	CM15-0070754		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, North Carolina  
 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:

The injured worker (IW) is a 60 year old female who sustained an industrial injury on 04/04/2011. She reported pain in both wrists and left shoulder. The injured worker was diagnosed as having multiple herniated cervical disk with radiculopathy; left shoulder sprain/strain, rule out tendonitis, impingement/cuff tear; left total medial epicondylitis, left elbow; right wrist and hand carpal tunnel syndrome; left hand carpal tunnel syndrome; first carpometacarpal arthritis, right hand; positive MG study for right and left carpal tunnel syndrome; symptoms of gastritis with prolonged use of medications. Treatment to date has included medical management. Currently, the injured worker complains of increased pain in her right wrist and shooting pain radiating up the right forearm region from her left wrist. Subjectively, she complains that both wrists are getting progressively worse. The treatment plan was to evaluate and screen for possible drug interactions related to multiple prescribing physicians prior to prescribing any medications for pharmacologic management of the IW's pain. In a request for authorization received by the utilization review organization on 03/12/2015 the following requests were made: Electromyogram (EMG) of the left upper extremity; Nerve Conduction Velocity (NCV) of the left upper extremity; NCV of the right upper extremity; and EMG of the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262, 270.

**Decision rationale:** The CA MTUS supports EMG studies to identify subtle, focal neurologic dysfunction in patients with upper back symptoms lasting more than 3-4 weeks. ODG supports EMG after 1 month conservative treatment, but EMG and NCV are not necessary if radiculopathy is already clinically obvious. EMG is recommended as an option to obtain unequivocal evidence of radiculopathy after 1 month conservative treatment, but EMG is not necessary if radiculopathy is already clinically obvious. In this case, the patient is being treated for neck pain and bilateral wrist pain. Both Tinel's and Phalen's signs are positive for carpal tunnel syndrome (CTS) bilaterally. An EMG of 3/2/2015 was positive for bilateral CTS. No further evidence is presented in the medical records submitted for neurologic changes in regard to sensory, motor or reflex changes. There is no evidence of radiculopathy. Therefore, the request is not medically necessary.

**NCV of the left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262, 270.

**Decision rationale:** CA MTUS guidelines state that NCV is not necessary if radiculopathy is already clinically obvious. MTUS does not recommend NCV unless radiculopathy is present. In this case, the patient has been diagnosed with bilateral carpal tunnel syndrome (CTS) with bilateral wrist pain and positive Tinel's and Phalen's signs. A recent EMG (3/2/2015) was positive for CTS. There is no evidence presented that the patient has a radiculopathy. Physical exam shows no neurologic changes, including sensory, motor or reflex changes. Therefore, the request for NCV of the left upper extremity is not medically necessary.

**NCV of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262, 270.

**Decision rationale:** NCV is not necessary if radiculopathy is already clinically obvious. CA MTUS does not recommend NCV, unless radiculopathy is present. In this case, there is no evidence of radiculopathy. The patient has been diagnosed with bilateral wrist and neck pain with positive Tinel's and Phalen's signs. The patient had a recent (3/2/2015) EMG that also confirmed the diagnosis of carpal tunnel syndrome. In the interim, there have been no evidence of neurologic changes, including sensory, motor or reflex changes. There is also no evidence of radiculopathy. Therefore, the request is deemed not medically necessary.

**EMG of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262, 270.

**Decision rationale:** CA MTUS Guidelines supports EMG studies to identify subtle, focal neurologic dysfunction in patients with upper back symptoms lasting more than 3-4 weeks. ODG supports EMG after 1 month of conservative treatment, but EMG is not necessary if radiculopathy is already clinically obvious. In this case, the patient is being treated for neck pain and bilateral wrist pain. Tinel's and Phalen's signs are positive for carpal tunnel syndrome. A recent EMG (3/2/2015) was positive for bilateral carpal tunnel syndrome. In the interim, there is no evidence of neurologic changes, including sensory, motor or reflex changes documented in the medical records submitted. There is also no evidence of radiculopathy. Thus, this request is deemed not medically necessary.