

<b>Case Number:</b>	CM15-0072143		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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, Pain Management

### 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 49 year old female who sustained an industrial injury on November 2, 2012. Prior treatment includes chiropractic therapy. Currently the injured worker complains of increased pain in the bilateral elbows and a constant "dead" and numbness in the ulnar side of the right hand, ring and little fingers. Objective findings include swelling and enlargement of the right thenar eminence, index and middle finger and wrist region, reduced sensation in the ring and little fingers and reduced muscle strength of the right upper extremity. Diagnoses associated with the request include carpal tunnel syndrome, ulnar nerve injury, right wrist derangement, right elbow derangement and DeQuervain's tenosynovitis. The treatment plan includes NCV/EMG of the bilateral upper extremities, MRI of the right wrist/hand, hand orthopedist referral. A progress report dated March 26, 2015 recommends a new EMG/NCV for worsening upper extremity symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV BUE for peripheral ulnar neuropathy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG Neck/Upper back Chapter 8 page 178(EMG) (NCV).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 182, 261. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies, Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

**Decision rationale:** Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, it appears the patient has undergone upper extremity electrodiagnostic testing previously. It is unclear why repeat electrodiagnostic testing would be indicated, and how we change the current treatment plan. Additionally, it appears that the patient's symptoms primarily involve peripheral nerves. Nerve conduction study may be indicated for those findings. However, EMG is generally recommended for concern regarding cervical radiculopathy, which is not been described here. In the absence of clarity regarding the above issues, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.