

<b>Case Number:</b>	CM15-0078114		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/01/2015
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: 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 injured worker is a 40 year old female, who sustained an industrial injury on 3/01/2015. Diagnoses include bilateral carpal tunnel syndrome, weakness hand or finger bilateral and numbness hand. Treatment to date has included diagnostics, medication, modified work and immobilization. Per the Primary Treating Physician's Progress Report dated 4/13/2015, the injured worker reported intermittent wrist pain, numbness, and tingling of the hands. Wrist pain radiates to the arms. Physical examination revealed tenderness to the flexor surface of the left wrist. There was full range of motion with some weakness noted on muscle testing. The plan of care included, and authorization was requested for EMG (electromyography)/NCS (nerve conduction studies) of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Electromyography and nerve conduction studies of the left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Carpal tunnel Syndrome (Acute & Chronic) (EDS) (EMG) (NCV).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There is evidence, in this case, of neurologic compromise with symptoms lasting greater than 4 weeks. The request for 1-electromyography and nerve conduction studies of the left upper extremity is considered to be medically necessary.