MAXIMUS Federal Services

| Case Number: | CM15-0078331 | | |
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| Date Assigned: | 04/29/2015 | Date of Injury: | 02/19/2015 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 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: Massachusetts
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 44 year old female, who sustained an industrial injury on 2/19/2015, due to repetitive use of hands. Prior work injuries were noted. The injured worker was diagnosed as having thoracic sprain/strain and tenosynovitis, wrist, other bilateral. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of continued pain in her bilateral wrists and arms, described as moderately severe (rated 6/10), and accompanied by numbness and tingling. She was working modified duty and symptoms were exacerbated by overuse and lessened by rest. Current medications included Etodolac ER, Acetaminophen, and Orphenadrine ER. Physical exam to the upper extremities noted intact sensory and motor. The treatment plan included electromyogram and nerve conduction studies to the upper extremities (pending).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral upper extremities:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is being treated for bilateral wrist and hand pain with numbness and tingling related to computer work. She has a history of four recurrent cumulative trauma injuries, most recently with a date of injury of 02/19/15. When seen, treatments had included therapy without improvement after 6 treatments, and medications. She was having ongoing numbness and tingling. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, the claimant has a history of recurrent symptoms without response to recent conservative treatments. There appears to be a high likelihood of carpal tunnel syndrome or possibly ulnar nerve entrapment. The testing being requested would be potentially useful in determining not only the claimant's diagnosis but also in directing further treatments. The request is medically necessary.