

<b>Case Number:</b>	CM15-0094116		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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

### 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 64 year old male, who sustained an industrial/work injury on 3/17/09. He reported initial complaints of straining bilateral upper extremities. The injured worker was diagnosed as having carpal tunnel syndrome, shoulder impingement, arthropathy of hand, and chronic pain syndrome. Treatment to date has included medication, right carpal tunnel release, orthopedic consultation, brace, hot/cold packs, and diagnostic testing. Currently, the injured worker complains of pain, numbness, tingling and shooting pain down the arm with weakness in the hands. Per the primary physician's progress report (PR-2) on 1/13/15, examination revealed tenderness along both elbows and wrists, medial > than lateral epicondyle and tenderness along dorsum of the wrist joint bilaterally. On 2/13/15, there was report of tenderness along the snuffbox and medial trapezius bilaterally. Current plan of care included activity modification and diagnostic study. The requested treatments include EMG/NCV (electromyography/ nerve conduction velocity) testing of bilateral upper extremities.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, 177-178.

**Decision rationale:** The patient already had confirmed evidence for bilateral carpal tunnel syndromes s/p release surgery with current unchanged symptoms and clinical findings without significant progression to support repeating the diagnostic study. Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with entrapment syndrome, medical necessity for NCV is established. Submitted reports have already demonstrated the symptoms and clinical findings to suggest for the entrapment syndrome with confirmed diagnoses from previous NCV study rendered. Additionally, per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy without specific consistent myotomal or dermatomal correlation to support for repeating the electrodiagnostic. The EMG/NCV of bilateral upper extremities is not medically necessary and appropriate.