

<b>Case Number:</b>	CM15-0095387		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 33 year old female, who sustained an industrial injury on October 18, 2013. She reported bilateral wrist pain and numbness with tingling in the fingers and loss of sensation in the right palm, pinky and ring finger. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included diagnostic studies, conservative care, wrist orthotics, occupational therapy, medications and work restrictions. Currently, the injured worker complains of continued bilateral wrist pain and numbness with tingling in the fingers and loss of sensation in the right palm, pinky and ring finger. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted she had a positive Phalen's test, Tinel's test and Finkelstein's test. Evaluation on October 21, 2014, revealed continued pain in the hands. She reported swelling and stiffness in the mornings. Evaluation on November 18, 2014, revealed continued pain as noted. She noted previous hand therapy was not beneficial. Radiographic imaging on January 8, 2014, revealed a left wrist ganglion cyst. Electrodiagnostic studies on March 18, 2014, of the bilateral upper extremities revealed no abnormalities. Additional electrodiagnostic studies of the upper extremities were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The patient has previous EMG/NCS on 3/13/14 with essentially normal findings. The patient has continued to treat with therapy for diagnosis of CTS. Current submitted reports have not adequately demonstrated any change in chronic symptoms and clinical findings of neurological deficits suggestive of deterioration. There are also no identified new injuries, acute flare-up, radicular symptoms, MRI findings of impingement, or red-flag conditions with changed chronic symptoms and clinical findings to support repeating the electrodiagnostic study. The EMG of the bilateral upper extremities is not medically necessary and appropriate.