

<b>Case Number:</b>	CM14-0025357		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier shoulder surgery; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 4, 2014, the claims administrator denied a request for electrodiagnostic testing of the right upper extremity, citing non-MTUS ODG guidelines. Overall rationale was sparse and minimal. No clear rationale for the denial was furnished. The applicant's attorney subsequently appealed. In a July 26, 2014 progress note, the applicant presented after having completed 24 sessions of chiropractic manipulative therapy. The applicant reported persistent complaints of wrist, elbow, and shoulder pain. The applicant was given diagnoses of wrist sprain, hand sprain, elbow sprain, and shoulder strain. The applicant exhibited hypoactivity reflexes about the bilateral arms. The applicant had a positive Tinel sign at the elbow, it was stated. Additional chiropractic manipulative therapy was sought. The applicant was given a 35-pound lifting limitation. It was not stated whether or not the applicant's employer was able to accommodate the limitation in question or whether the applicant was, in fact, working. On April 26, 2014, it was suggested that the applicant had completed extensive physical therapy and manipulative therapy. It was stated that the applicant was not working but could do modified duty work if position is made available. The applicant presented with elbow, wrist, and shoulder pain, exacerbated by gripping and grasping. The applicant had a sensation of weakness from time to time, it was stated. The applicant nevertheless exhibited 75 pounds of grip strength about the right hand versus 85 pounds of grip strength about the left hand. The applicant had a positive Tinel sign at the elbow as well as positive Tinel and Phalen signs at the wrist. Electrodiagnostic testing, MRI imaging of the shoulder and further chiropractic manipulative therapy were sought while a 25-pound lifting limitation was endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ELECTROMYOGRAM OF THE RIGHT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including nerve conduction testing, or, in more difficult cases, EMG testing may be helpful in establishing a diagnosis of carpal tunnel syndrome and/or distinguishing carpal tunnel syndrome from other diagnostic considerations, such as cervical radiculopathy. In this case, the applicant has been given a putative diagnosis of carpal tunnel syndrome and/or cubital tunnel syndrome. The applicant has wrist, elbow, and forearm pain with positive provocative testing of both the wrist and elbow. Obtaining EMG testing to help distinguish between carpal tunnel syndrome and other possible considerations, such as a cervical radiculopathy and/or ulnar neuropathy, is indicated. Therefore, the request for Electromyogram is medically necessary.

### **NERVE CONDUCTION STUDY OF THE RIGHT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, NCV testing for median and/or ulnar impingement at the wrist is recommended after a failure of conservative treatment. In this case, the applicant has, in fact, failed conservative treatment, including time, medications, physical therapy, manipulative therapy, etc. Significant signs and symptoms suggestive of carpal tunnel syndrome are present. Therefore, the request for Nerve Conduction Study is medically necessary.