

<b>Case Number:</b>	CM16-0240259		
<b>Date Assigned:</b>	12/19/2016	<b>Date of Injury:</b>	10/11/2016
<b>Decision Date:</b>	01/18/2017	<b>UR Denial Date:</b>	12/06/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2016

### 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: Texas, New York, 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 applicant is a 40-year-old female who has filed a claim for hand pain reportedly associated with an industrial injury of October 11, 2016. In a utilization review report dated December 6, 2016, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced a November 18, 2016 date of service in its determination. The applicant subsequently appealed. On November 18, 2016, the applicant reported ongoing issues with bilateral wrist pain, reportedly improved. The applicant exhibited pain on palpation about the wrists with pain-limited flexion noted about both wrists. The applicant was described as having numbness of the second through fourth digits of the right hand and radiating pain about the left hand and left forearm, the attending provider noted. The attending provider gave the applicant diagnoses of right-sided cubital tunnel syndrome, right-sided carpal tunnel syndrome, and sprain of the left wrist. Naprosyn was prescribed. Electrodiagnostic testing of the bilateral upper extremities was ordered. Work restrictions were imposed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On November 7, 2016, the attending provider stated that the applicant had issues with numbness, tingling, and paresthesias of the bilateral hands, right greater than left. Pins and needles sensation was noted about both the hands and digits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **EMG/NCS of the bilateral hand: Overturned**

**Claims Administrator guideline:** The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter (updated 11/23/16) Electrodiagnostic studies (EDS), Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** Yes, the request for electrodiagnostic testing (EMG-NCS) of the bilateral hands was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic testing may help to distinguish between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. Here, the attending provider noted that the applicant had issues with bilateral upper extremity paresthesias/dysesthesias, seemingly imputed to diagnoses of carpal tunnel syndrome versus cubital tunnel syndrome. Moving forward, the electrodiagnostic testing in question was, thus, indicated to delineate between the various considerations, particularly in light of the fact that the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores electrodiagnostic testing a 4/4 in its ability to identify and define suspected carpal tunnel syndrome. In a similar vein, the MTUS Guideline in ACOEM Chapter 10, Table 2, page 13 notes that nerve conduction testing above and below the elbow can help to establish a diagnosis of ulnar nerve entrapment/cubital tunnel syndrome, as was also suspected here, and also notes that abnormalities on EMG testing represent a later finding typical of more advanced cases of cubital tunnel syndrome. Therefore, the request is medically necessary.