

<b>Case Number:</b>	CM13-0006759		
<b>Date Assigned:</b>	09/10/2013	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The underlying date of injury in this case is 12/28/2012. The primary diagnosis is 354.0 or carpal tunnel syndrome. A prior physician review notes that the current request is for electrodiagnostic studies of the left upper extremity and that the patient previously underwent a right upper extremity study demonstrating mild right carpal tunnel syndrome and a mild right ulnar entrapment, but the electrodiagnostic testing was not requested on the right since the patient had increasing symptoms on the left. That prior physician review notes that the patient is now status post right carpal tunnel surgery and has symptoms on the left consistent with carpal tunnel syndrome. That prior physician review states that the guidelines suggest consideration of an electrodiagnostic study with evidence of a cervical radiculopathy but would not support such studies for patients with obvious peripheral nerve entrapment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG Neck and Upper Back..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The ACOEM Guidelines, Chapter 8 Neck, page 178, states, "Electromyography and nerve conduction velocities may help identify subtle focal and neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks." A prior physician review indicated that the guidelines do not recommend electrodiagnostic studies when there is an obvious nerve entrapment. The guidelines do make such a recommendation with regard to an obvious radiculopathy for which the confirmatory test would be an imaging study. However, the guidelines do not indicate that there is the concept of obvious carpal tunnel syndrome for which electrodiagnostic studies would not be indicated. Rather, electrodiagnostic studies can help distinguish between a focal versus a generalized neuropathy or between a double crush syndrome and a pure carpal tunnel syndrome. Most notably, electrodiagnostic studies can help to grade the degree of axonal loss and therefore provide some guidance to the urgency of possible surgical treatment. Overall, the guidelines do support this treatment request.