

<b>Case Number:</b>	CM13-0011520		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 New York and Texas. 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.

### 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 patient is a 32-year-old female who reported an injury on 06/21/2012. The patient's diagnoses are chronic pain due to trauma, elbow and forearm sprain, lumbar sprain, myalgia and myositis, neck sprain, carpal tunnel syndrome, thoracic sprain, and thoracic or lumbosacral radiculopathy. The patient's symptoms include right arm pain. Objective findings include positive Finkelstein's test of the right hand and a positive Phalen's test of the right wrist. It is noted that the patient continued to report a lot of sharp pain similar to the pain she had prior to her most recent carpal tunnel injection. It states that immediately following the injection, all pain and numbness in her right hand had been relieved. The relief lasted about 3 months. It is noted that NCV/EMG studies are recommended in order to get the patient ready for presurgical planning, as the last studies were well over 12 months old.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography (EMG).

**Decision rationale:** ACOEM Guidelines state that electromyography and nerve conduction velocity studies have the ability to identify carpal tunnel syndrome; however, these studies are not further addressed. The Official Disability Guidelines state that electromyography is recommended only in cases where the diagnosis is difficult with the nerve conduction studies. As the patient has not had recent nerve conduction studies, the request for electromyography is not supported. Therefore, the request for EMG right upper Extremity is non-certified.

**EMG left upper extremity.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography (EMG).

**Decision rationale:** ACOEM Guidelines state that electromyography and nerve conduction velocity studies have the ability to identify carpal tunnel syndrome; however, it is not further addressed. The Official Disability Guidelines state that electromyography is recommended only in cases where the diagnosis is difficult with the nerve conduction studies. As the patient has not had recent nerve conduction studies, the request for electromyography is not supported. Additionally, there were no reported subjective or objective findings related to the left upper extremity. Therefore, the request for EMG left upper extremity is non certified.

**NCV left upper extremity.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Nerve conduction studies (NCS).

**Decision rationale:** ACOEM Guidelines state that electromyography and nerve conduction velocity studies have the ability to identify carpal tunnel syndrome; however, it is not further addressed. The Official Disability Guidelines recommend nerve conduction studies for patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. The patient was not shown to have subjective or objective findings consistent with carpal tunnel syndrome in her left upper extremity. Therefore, nerve conduction studies are not supported by Guidelines and the request for NCV left upper extremity is non-certified.

**NCV right upper extremity.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Nerve conduction studies (NCS).

**Decision rationale:** ACOEM Guidelines state that electromyography and nerve conduction velocity studies have the ability to identify carpal tunnel syndrome; however, it is not further addressed. The Official Disability Guidelines state that nerve conduction studies are recommended for patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. It further specifies that carpal tunnel syndrome must be proven by positive findings on the clinical examination and should be supported by nerve conduction tests before the surgery is undertaken. As the patient was shown to have clinical findings consistent with carpal tunnel syndrome in her right upper extremity and may be a candidate for a repeat surgery, the request is supported. For this reason, the request for NCV right upper extremity is certified.