MAXIMUS Federal Services

Case Number:	CM13-0014096		
Date Assigned:	10/02/2013	Date of Injury:	05/13/2013
Decision Date:	02/05/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/20/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma 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. 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 patient is a 45-year-old female who reported a cumulative trauma injury from the following dates, 08/08/2005 through 05/14/2013. The injury reportedly involves her neck, shoulders, forearms, elbows, wrists, hands, fingers, and overall upper extremities. The patient has utilized braces on her hands that she purchased on her own, and has undergone chiropractic treatment to her shoulders, hands, and low back. The patient has undergone a psychological evaluation. On 06/05/2013, the patient underwent left and right plain view x-rays. Reviews of the right x-ray were unremarkable and the 4 x-ray views of the left wrist showed no abnormalities. The patient was re-examined on 06/07/2013 for a re-check of her bilateral hands and wrists. The patient had complaints of persistent pain without improvement, and states that she has had pain and numbness to her 5th fingers. Objective findings noted the patient had tenderness along the wrist joints of the bilateral hands and wrists. Moderate pain was also elicited on range of motion and on forceful gripping, but no swelling was noted. The patient had decreased grip strength and Phalen's and Tinel's signs were equivocal. The patient was most recently seen on 07/08/2013 whereupon she was diagnosed with bilateral carpal tunnel syndrome. Her overall diagnoses also included whiplash, sprain/strain, lateral epicondylitis, medial epicondylitis, carpal tunnel syndrome, De Quervain's syndrome, and anxiety syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) electromyography (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG Low Back (updated 05/10/13)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, and 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic studies (EDS) and Electromyography (EMG).

Decision rationale: The MTUS/ACOEM Guidelines indicate that that routine use of nerve conduction velocity or electromyography (NCV or EMG) in diagnostic evaluation of nerve entrapment or screening in patients who corresponding symptoms is not recommended. The guidelines also indicate that NCS and EMG may confirm the diagnosis of carpal tunnel syndrome, but may be normal in early or mild cases of carpal tunnel syndrome. It does further state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome (CTS) and other conditions such as cervical radiculopathy. These may include nerve conduction studies or in more difficult cases, electromyography may be helpful. The Official Disability Guidelines have also been referred to in this case, and states that electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. They include testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. The guidelines further state that electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies. In more difficult cases, needle electromyography may be helpful as part of electrodiagnostic studies which include nerve conduction studies. There are situations in which both electromyography and nerve conduction studies need to be accomplished, such as defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straight forward condition of median and ulnar neuropathies or cranial nerve compression neuropathies. In the case of this patient, the clinical findings do not indicate the necessity for an electromyography study at this time. Therefore, the requested service is not medically necessary.

One (1) electromyography (EMG) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG Low Back (updated 05/10/13)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, and 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic studies (EDS) and Electromyography (EMG)

Decision rationale: The MTUS/ACOEM Guidelines indicate that routine use of nerve conduction velocity or electromyography (NCV or EMG) in diagnostic evaluation of nerve entrapment or screening in patients who corresponding symptoms is not recommended. The guidelines also indicate that NCS and EMG may confirm the diagnosis of carpal tunnel

syndrome but may be normal in early or mild cases of carpal tunnel syndrome. It does further state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome (CTS) and other conditions such as cervical radiculopathy. These may include nerve conduction studies or in more difficult cases, electromyography may be helpful. The Official Disability Guidelines have also been referred to in this case, and states that electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. They include testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. The guidelines further state that electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies. In more difficult cases, needle electromyography may be helpful as part of electrodiagnostic studies which include nerve conduction studies. There are situations in which both electromyography and nerve conduction studies need to be accomplished, such as defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straight forward condition of median and ulnar neuropathies or cranial nerve compression neuropathies. In the case of this patient, the clinical findings do not indicate the necessity for an electromyography study at this time. Therefore, the requested service is not medically necessary.

One (1) nerve conduction velocity (NCV) of the left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 05/10/13)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The MTUS/ACOEM Guidelines indicate that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. These may include nerve conduction studies, or in more difficult cases electromyography may be helpful. Nerve conduction velocity and electromyography (NCS and EMG) may confirm the diagnosis of carpal tunnel syndrome, but may be normal in early or mild cases of carpal tunnel syndrome (CTS). If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. The Official Disability Guidelines indicate that nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Appropriate electrodiagnostic studies include nerve conduction studies. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by a nerve conduction test before surgery is undertaken. Mild carpal tunnel syndrome with normal electrodiagnostic studies exists, but moderate or severe carpal tunnel syndrome with normal electrodiagnostic study is very rare. Positive EDS in asymptomatic individuals is not carpal tunnel syndrome. There is minimal justification for performing a nerve conduction study when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the case of this patient, the clinical examinations do not indicate the patient has any form of radiculopathy at this time. Therefore, although electromyography would not be appropriate in the case of this patient, nerve conduction velocity would be considered appropriate to help define an accurate diagnosis. As such, the requested service is certified.

One (1) nerve conduction velocity (NCV) 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 ODG Low Back (updated 05/10/13)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The MTUS/ACOEM Guidelines indicate that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. These may include nerve conduction studies, or in more difficult cases electromyography may be helpful. Nerve conduction velocity and electromyography (NCS and EMG) may confirm the diagnosis of carpal tunnel syndrome, but may be normal in early or mild cases of carpal tunnel syndrome (CTS). If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. The Official Disability Guidelines indicate that nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Appropriate electrodiagnostic studies include nerve conduction studies. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by a nerve conduction test before surgery is undertaken. Mild carpal tunnel syndrome with normal electrodiagnostic studies exists, but moderate or severe carpal tunnel syndrome with normal electrodiagnostic study is very rare. Positive EDS in asymptomatic individuals is not carpal tunnel syndrome. There is minimal justification for performing a nerve conduction study when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the case of this patient, the clinical examinations do not indicate the patient has any form of radiculopathy at this time. Therefore, although electromyography would not be appropriate in the case of this patient, nerve conduction velocity would be considered appropriate to help define an accurate diagnosis. As such, the requested service is certified.