Case Number:	CM13-0050692		
Date Assigned:	06/09/2014	**Date of Injury:**	04/16/2008
Decision Date:	07/14/2014	**UR Denial Date:**	10/17/2013
Priority:	Standard	**Application Received:**	11/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 59 year old male with a work injury dated 4/16/08. The diagnosis include status post C3-7 ACDF with pseudoarthrosis at C6-7, rule out bilateral carpal tunnel syndrome, right shoulder impingement syndrome with bilateral acromioclavicular arthritis, right trigger finger release, history of lumbar microdiscectomies, degenerative disc disease, right knee arthroscopic surgery with medial compartment osteoarthritis. There is a request for the medical necessity of electromyography of the bilateral upper extremities and nerve conduction velocity due to increased wrist pain. A 10/9/13 primary treating physician visit reveals that the patient ongoing complaints of neck and low back pain. He is in mild distress due to diffuse pain in the paralumbar region with graded muscle spasms present lumbar range of motion is restricted in both the flexion/extension planes. Upper and lower extremity deep tendon was 2+. There does not appear to be any motor strength deficits in the lower extremities at this time. There are positive Tinel's and Durkan's in both the right and left wrists. The treatment plan includes EMG/NCV studies of the upper extremities, a request for Vicodin, Naproxen Sodium and Protonix 20. There is also a request for a surgical consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-263.

Decision rationale: The request for electromyography (EMG) of the bilateral upper extremities is not medically necessary per the MTUS ACOEM and the ODG guidelines. The ACOEM MTUS guidelines state that carpal tunnel syndrome (CTS) does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. The ODG states that electrodiagnostic testing is recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. The documentation submitted does not reveal that that the patient has symptoms of carpal tunnel syndrome such as digital numbness and tingling in a median nerve distribution. There are no radicular symptoms. The ODG furthermore states that several traditional findings of carpal tunnel syndrome have limited specific diagnostic value. There is a broad range of sensitivity in the various tests for carpal tunnel syndrome, depending on the patient population. Clinicians should depend on more than one test. The most sensitive screening methods seem to be 1) an abnormal Katz hand diagram, 2) abnormal sensibility by Semmes-Weinstein testing, 3) a positive Compression test (such as the Durkan's test), and 4) night pain. The documentation submitted does not reveal evidence supportive of a clinical picture of carpal tunnel syndrome. The request for electromyography (EMG) of the bilateral upper extremities is not medically necessary.

NERVE CONDUCTION VELOCITIES (NCV): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-263.

Decision rationale: Nerve conduction velocities are not medically necessary per the ACOEM MTUS and the ODG guidelines. The ACOEM MTUS guidelines state that carpal tunnel syndrome (CTS) does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. The ODG furthermore states that several traditional findings of carpal tunnel syndrome have limited specific diagnostic value. There is a broad range of sensitivity in the various tests for carpal tunnel syndrome, depending on the patient population. Clinicians should depend on more than one test. The most sensitive screening methods seem to be 1) an abnormal Katz hand diagram, 2) abnormal sensibility by Semmes-Weinstein testing, 3) a positive Compression test (such as the Durkan's test), and 4) night pain. The documentation submitted does not reveal evidence supportive of a clinical picture of carpal

tunnel syndrome. The documentation indicates the electrodiagnostic testing is requested due to increased wrist pain. The patient does not describe any symptoms of carpal tunnel syndrome such as digital numbness and tingling in a median nerve distribution. The request for nerve conduction velocities is not medically necessary.