Case Number:	CM13-0066640		
Date Assigned:	01/03/2014	**Date of Injury:**	06/12/2012
Decision Date:	06/19/2014	**UR Denial Date:**	11/14/2013
Priority:	Standard	**Application Received:**	12/16/2013

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 Occupational Medicine 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 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 applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier carpal tunnel release surgeries in late 2012 and early 2013; earlier cubital tunnel release surgery in May 2013; transfer of care to and from various providers in various specialties; and unspecified amount of acupuncture and physical therapy over the life of the claim. A November 22, 2013 progress note was notable for comments that the applicant continued to report complaints of numbness, tingling, and paresthesias about the bilateral upper extremities. The applicant alleged difficulty with gripping and grasping, it was stated and had diminished grip strength as well as positive Phalen and Tinel signs, including Tinel sign about the elbow. Electrodiagnostic testing was again sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY: Overturned

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): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other possible conditions, such as cervical radiculopathy. These can include nerve conduction testing and/or EMG, in more difficult cases. In this case, the applicant has both suspected residual carpal tunnel syndrome and suspected residual cubital tunnel syndrome following earlier failed surgical release procedures. EMG testing is indicated to help try and distinguish between some of the possible diagnoses. Therefore, the request for electromyography (EMG) of the left upper extremity is medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE UPPER LEFT EXTREMITY: Overturned

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): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic testing, including the nerve conduction testing being sought here, can help to distinguish between carpal tunnel syndrome and other suspected diagnostic considerations, such as cervical radiculopathy. In this case, the applicant has alleged recurrence of both carpal tunnel syndrome and cubital tunnel syndrome following earlier surgical decompression procedures. Appropriate electrodiagnostic testing, including the nerve conduction testing being sought here, are needed to help distinguish between the possible diagnoses present here. Therefore, the request for nerve conduction velocity (NCV) study of the upper left extremity is medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE UPPER RIGHT EXTREMITY: Overturned

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): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies can help to differentiate between carpal tunnel syndrome and other suspected diagnoses. In this case, the applicant has signs and symptoms suggestive of either a residual carpal tunnel syndrome following earlier carpal tunnel release surgery and/or residual cubital tunnel syndrome following earlier cubital tunnel release surgery. Nerve conduction testing to help distinguish between the suspected diagnoses is indicated, appropriate, and supported by ACOEM. Therefore, the request for nerve conduction velocity (NCV) study of the upper right extremity is medically necessary and appropriate.

ELECTROMYOGRAPHY (EMG) OF THE RIGHT UPPER EXTREMITY: Overturned

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): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, EMG testing may be helpful in more difficult cases to help distinguish between carpal tunnel syndrome and other suspected diagnoses, such as cervical radiculopathy. In this case, the applicant carries suspected diagnoses of carpal tunnel syndrome and/or cubital syndrome following earlier carpal tunnel and cubital tunnel release surgery. There is reportedly evidence of diminished grip strength noted on the office visit in question. This is, thus, a fairly complicated case. Appropriate electrodiagnostic testing, including the EMG study being sought here, is therefore indicated, appropriate, and supported by ACOEM. Therefore, the request for electromyography (EMG) of the right upper extremity is medically necessary and appropriate. .