

<b>Case Number:</b>	CM14-0104257		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in 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 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 injured worker is a 58-year-old female who was injured on 11/05/2013. The mechanism of injury not listed in the records reviewed. A progress note dated 11/15/2013 indicated that the injured worker presents with a pain level of 9/10 in the right hand and 8/10 in the left hand on the visual analog scale which is continuous. Physical examination of the right hand indicated tenderness on the bend of the wrist. Tinel's is negative. The diagnoses include carpal tunnel disease and tendinitis of the bilateral wrist. Corticosteroid injections were provided by the injured workers' primary care physician and provided some relief (date unknown). X-tays of the bilateral wrists were taken and revealed degenerative changes at the carpal joint. X-rays of the left wrist revealed mild degenerative changes. Medications include naproxen and alpracolan. A request was made for electromyography (EMG) of the right upper extremity/wrist as an outpatient and was denied on 06/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the Right Upper Extremity/Wrist as an Outpatient.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, electrodiagnostic testing.

**Decision rationale:** The claimant is presumed to have CTS from the clinical examination. The test requested is for EMG. EMG is generally not necessary to verify the diagnosis of Median neuropathy/Carpal Tunnel Syndrome. ODG and ACOEM both cite nerve conduction Velocity testing as the test of choice. It is only when one has in the differential mix a possibility of a demyelinating disease or other peripheral neuropathy the EMG is conducted with NCV. However the NCV test is the primary test of choice. There is no discussion in the documents provided that any other neuropathies or any particular pathology such as demyelinating is being considered. Of note, the claimant has undergone tenosynvectomy of the right wrist and remains symptomatic despite decompression of the carpal tunnel. Therefore the EMG as requested remains not medically necessary.