

<b>Case Number:</b>	CM14-0104281		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/12/2014
<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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 55 year old female with an injury date of 11/05/13. Based on 02/11/14 progress report by [REDACTED] patient presents with severe bilateral carpal tunnel syndrome. Patient experiences worsening numbness and tingling in both hands median nerve distribution. Phalen's and Durkin's maneuver excited severe burning pain, radiating up along the volar forearm and upper lateral arm areas. Patient has tenderness over left ulnar wrist. Axial compression and radial and ulnar deviation of the left wrist elicited increased pain and discomfort. According to progress report dated 05/18/14 by [REDACTED] patient who is now status post right carpal tunnel surgery, still complains of right wrist pain at 9 and left wrist pain at 6. Diagnosis per 05/18/14 progress report: 1. Bilateral carpal tunnel. 2. Tendinitis bilateral wrist. Operative Report Procedure 03/05/14- Right carpal tunnel release with flexor tenosynovectomy- right ulnar nerve decompression at the elbow. Nerve Conduction Test 12/18/13 (stated in progress report 02/11/14)- results consistent with moderate bilateral carpal tunnel syndrome 02/11/14 progress report by [REDACTED], states that she has failed previous conservative treatments which included corticosteroid injection, prolong therapy, anti-inflammatory medications and limited use of the hands. [REDACTED] is requesting for one EMG (Electromyography) of the left upper extremity on the wrist and one NCV (Nerve Conduction Velocity) of the left upper extremity on the wrist. The utilization review determination being challenged is dated 06/12/14. The rationale is modified recommendation supporting nerve conduction velocity study, and insufficient data to support EMG studies. [REDACTED] is the requesting provider, and he provided treatment reports from 11/15/13 - 06/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One EMG (Electromyography) of the left upper extremity on the wrist: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** Patient presents with bilateral wrist pain and is status post right hand carpal tunnel surgery. The request is for One EMG of the left upper extremity on the wrist. 02/11/14 progress report by [REDACTED], states that she has failed previous conservative treatments which included corticosteroid injection, prolong therapy, anti-inflammatory medications and limited use of the hands. Also, upon physical examination, Phalen's and Durkin's maneuver excited severe burning pain, radiating up along the volar forearm and upper lateral arm areas. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Patient presents with carpal tunnel syndrome, radiculopathy and possible peripheral neuropathy, which require electrodiagnostic studies to differentiate. Review of record does not show EMG done. Therefore, the request of one EMG (Electromyography) of the left upper extremity on the wrist is medically necessary and appropriate.

**One NCV (Nerve Conduction Velocity) of the left upper extremity on the wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** Patient presents with bilateral wrist pain and is status post right hand carpal tunnel surgery. The request is for One NCV of the left upper extremity on the wrist. 02/11/14 progress report by [REDACTED], states that she has failed previous conservative treatments which included corticosteroid injection, prolong therapy, anti-inflammatory medications and limited use of the hands. Also, upon physical examination, Phalen's and Durkin's maneuver excited severe burning pain, radiating up along the volar forearm and upper lateral arm areas. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG (Electromyography) may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS

are negative, tests may be repeated later in the course of treatment if symptoms persist." Patient presents with carpal tunnel syndrome, radiculopathy and possible peripheral neuropathy, which require electrodiagnostic studies to differentiate. However, based on progress report 02/11/14, a Nerve Conduction Test has already been done on 12/18/13, showing results consistent with moderate bilateral carpal tunnel syndrome. Therefore, the request of one NCV (Nerve Conduction Velocity) of the left upper extremity on the wrist is not medically necessary and appropriate.