

<b>Case Number:</b>	CM14-0109447		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Family Practice, 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:

This is a 32-year-old male claimant who sustained a work related injury on 8/9/2012 involving his back, neck and upper extremities. The claimant was diagnosed with bilateral carpal tunnel syndrome and hand undergone surgical release. In addition he had lumbar radiculitis. He did not have electrophysiologic studies prior to the surgeries. Progress note on December 10, 2013 indicated the claimant had continued symptoms and bilateral wrist. Exam findings were notable for slightly Tenderness in the left palm with decreased sensation in that distal fingers. Median nerve compression test on both hands elicited discomfort. There was a normal circulation. A recent request was made for an EMG and NCV studies of both upper wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Nerve Conduction Velocity Left Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the ACOEM guidelines, an NCV is recommended for median ulnar impingement after failure of conservative treatment. In this case, the claimant had already undergone carpal tunnel release surgery. The exam findings are consistent with prior carpal tunnel syndrome history with residual persistent clinical findings. Routine use for screening or diagnostic is not recommended. The left wrist NCV is not medically necessary.

**Nerve Conduction Velocity Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the ACOEM guidelines, an NCV is recommended for median ulnar impingement after failure of conservative treatment. In this case, the claimant had already undergone carpal tunnel release surgery. The exam findings are consistent with prior carpal tunnel syndrome history with residual persistent clinical findings. Routine use for screening or diagnostic is not recommended. The right wrist NCV is not medically necessary.

**Electromyography Right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Electromyography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the ACOEM guidelines, an EMG is not recommended for routine use for screening or diagnostics. In this case, the claimant had already undergone carpal tunnel release surgery. The exam findings are consistent with prior carpal tunnel syndrome history with residual persistent clinical findings. The right wrist EMG is not medically necessary.

**Electromyography Left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the ACOEM guidelines, an EMG is not recommended for routine use for screening or diagnostics. In this case, the claimant had already undergone carpal

tunnel release surgery. The exam findings are consistent with prior carpal tunnel syndrome history with residual persistent clinical findings. The left wrist EMG is not medically necessary.