Case Number:	CM14-0018502		
Date Assigned:	04/18/2014	**Date of Injury:**	07/15/2013
Decision Date:	06/30/2014	**UR Denial Date:**	02/07/2014
Priority:	Standard	**Application Received:**	02/13/2014

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 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 42 year old female with an injury reported on 07/15/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/06/2014 reported that the injured worker complained of right forearm, wrist, and hand pain. The physical examination revealed a positive Tinel's and phalen's test to the injured worker's right wrist. Tenderness to palpation of the volar and dorsal aspect of the wrist was also noted. It was reported the injured worker's deep tendon reflexes were normal and active, and her motor strength was 5/5. The injured worker's diagnoses included carpal tunnel syndrome and wrist sprain/strain. The provider requested an electromyography and nerve conduction velocity of the right upper extremity, the rationale was not provided. The request for authorization was submitted on 02/11/2014. The injured worker's prior treatments included an unspecified injection to her right wrist on 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 11- FOREARM, WRIST AND HAND COMPLAINTS, 268-269

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Electrodiagnostic studies (EDS).

Decision rationale: The request for electromyography of the right upper extremity is not medically necessary and appropriate. The injured worker complained of right forearm, wrist, and hand pain. the injured worker had a positive Tinel's and phalen's test to right wrist and tenderness to palpation of the volar and dorsal aspect of the wrist. The injured worker's diagnoses included carpal tunnel syndrome. The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) guidelines recognize an 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. The Official Disability Guidelines recommend electrodiagnostic studies (EDS) in patients with clinical signs of CTS who may be candidates for surgery. In general, carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. It was noted the injured worker has a diagnosis of carpal tunnel syndrome; however, the site was non-specific. It was noted the injured worker had a positive Tinel's and Phalen's test to the right wrist; however, these examination findings would not support the necessity of performing an EMG given this is generally only indicated in more difficult cases. Also, the clinical information provided indicated the injured worker had received an injection to her right wrist; however, the response to that injection was not provided as well as lack of information pertaining to other conservative care. The rationale for an electromyography of the right upper extremity was not provided. Therefore, the request is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY STUDIES OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 11- FOREARM, WRIST AND HAND COMPLAINTS, 268-269

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Nerve conduction studies (NCS).

Decision rationale: The request for nerve conduction velocity of the right upper extremity is extremity is not medically necessary and appropriate. The injured worker complained of right forearm, wrist, and hand pain. The injured worker had a positive Tinel's and phalen's test to right wrist and tenderness to palpation of the volar and dorsal aspect of the wrist. The injured worker's diagnoses included carpal tunnel syndrome. The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM),

2nd Edition, (2004) guidelines recognize an 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. The Official Disability Guidelines recommend nerve conduction studies (NCS) in patients with clinical signs of CTS who may be candidates for surgery. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. It was noted the injured worker has a diagnosis of carpal tunnel syndrome; however, the site was non-specific. It was noted the injured worker had a positive Tinel's and phalen's test to the right wrist. The clinical information provided indicated the injured worker had received an injection to her right wrist; however, the response to that injection was not provided as well as lack of information pertaining to other conservative care. The rationale for a nerve conduction velocity of the right upper extremity was not provided. Therefore, the request is not medically necessary and appropriate.