

<b>Case Number:</b>	CM14-0135999		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/20/2008
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 4/20/06. A utilization review determination dated 8/6/14 recommends non-certification of EMG/NCS BUE. There is a history of multiple prior electrodiagnostic tests having been performed, although the results are not included for review. 7/21/14 medical report identifies a history of bilateral carpal tunnel syndrome and left hand carpal tunnel release in 2010. The patient currently complains of 7/10 pain in the arm, shoulder, and hand bilaterally with tingling. On exam, there is tenderness, decreased shoulder ROM, and positive Tinel's and Phalen's (side undocumented).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Electromyography (EMG) Right Upper Extremity: 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 (ODG), Electrodiagnostic testing (EMG/NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

**Decision rationale:** Regarding the request for Electromyography (EMG) Right Upper Extremity, CA MTUS states that 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. Within the documentation available for review, the patient has a history of previously diagnosed carpal tunnel syndrome and multiple prior EDS testing. There are no symptoms/findings suggestive of another condition such as radiculopathy, a recent significant worsening of the condition, or another clear rationale for repeating electrodiagnostic testing at this time. In light of the above issues, the currently requested Electromyography (EMG) Right Upper Extremity is not medically necessary.

**Nerve Conduction Studies (NCV) Right Upper Extremity: 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 (ODG), Carpal Tunnel Syndrome, NCS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

**Decision rationale:** Regarding the request for Nerve Conduction Studies (NCV) Right Upper Extremity, CA MTUS states that 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. Within the documentation available for review, the patient has a history of previously diagnosed carpal tunnel syndrome and multiple prior EDS testing. There are no symptoms/findings suggestive of another condition such as radiculopathy, a recent significant worsening of the condition, or another clear rationale for repeating electrodiagnostic testing at this time. In light of the above issues, the currently requested Nerve Conduction Studies (NCV) Right Upper Extremity is not medically necessary.

**Nerve Conduction Studies (NCS) Left Upper Extremity: 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 (ODG), Carpal Tunnel Syndrome (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

**Decision rationale:** Regarding the request for Nerve Conduction Studies (NCS) Left Upper Extremity, CA MTUS states that 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. Within the documentation available for review, the patient has a history of previously diagnosed carpal tunnel syndrome and multiple prior EDS testing. There are no symptoms/findings suggestive of another condition such as radiculopathy, a recent significant worsening of the condition, or another clear rationale for repeating electrodiagnostic testing at this time. In light of the above issues, the currently requested Nerve Conduction Studies (NCS) Left Upper Extremity is not medically necessary.

**Electromyography (EMG) Left Upper Extremity: 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 (ODG), Electrodiagnostic Testing (EMG/NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

**Decision rationale:** Regarding the request for Electromyography (EMG) Left Upper Extremity, CA MTUS states that 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. Within the documentation available for review, the patient has a history of previously diagnosed carpal tunnel syndrome and multiple prior EDS testing. There are no symptoms/findings suggestive of another condition such as radiculopathy, a recent significant worsening of the condition, or another clear rationale for repeating electrodiagnostic testing at this time. In light of the above issues, the currently requested Electromyography (EMG) Left Upper Extremity is not medically necessary.