

<b>Case Number:</b>	CM14-0157873		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Medicine 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 1/3/13. A utilization review determination dated 9/24/14 recommends non-certification of EMG/NCV BUE. 9/9/14 medical report by PM&R identifies that the patient previously underwent electrodiagnostic studies and subsequent right carpal tunnel release on 3/27/14. She continues to be symptomatic. There is right wrist and hand pain with cramping, numbness, and tingling in digits 3-5 on the right. On exam, there is positive Tinel's and positive median compression test. There is forearm tenderness and motor strength 5-/5. The medical report is missing pages 6 and 7 and no rationale for the request is provided for review on the pages present. 9/10/14 medical report by orthopedics notes that the patient has tenderness in the palm of the right hand, a feeling of lightning pains that go into the fingers, and numbness over the dorsum of the forearm. On exam, there is tenderness overlying the surgical incision in the palm. She withdraws any time he touches the incision. He notes that the patient has an unusual amount of tenderness in the surgical incision in the palm, but she has no objective findings to correlate with her current complaints other than the tenderness. He recommended discharge from orthopedic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 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 EMG, 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. ODG notes that electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary, and is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). Within the documentation available for review, it is noted that the patient is still symptomatic after carpal tunnel release surgery. However, there are no findings consistent with radiculopathy and no rationale for the use of EMG has been presented. In light of the above issues, the currently requested EMG is not medically necessary.

**NCV Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines EMG/NCV Bilateral Upper Extremities

**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 NCV, 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. ODG notes that electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary, and is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). Within the documentation available for review, it is noted that the patient is still symptomatic after carpal tunnel release surgery. However, there is no documentation of the electrodiagnostic study report from prior to surgery, exhaustion of conservative management since surgery, any symptoms/findings suggestive of a disorder other than carpal tunnel syndrome, and/or a rationale for repeating the study for a patient with an apparent confirmed diagnosis of carpal tunnel

syndrome and residual symptoms after surgery. In light of the above issues, the currently requested NCV is not medically necessary.