

<b>Case Number:</b>	CM14-0167062		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 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 injured worker is a 51 years old male with an injury date on 08/27/2012. Based on the 08/28/2014 reevaluation report provided by [REDACTED], the diagnosis is: 1. Carpal Tunnel Syndrome According to this report, the injured worker present for a follow-up visit for the bilateral upper extremities. Numbness and tingling are noted at the thumb, index and long finger in both hands. Pain is exacerbated at night and would wake the injured worker up. Occasional aching and cramping- type pain are noted in the hand and thumb muscles. Physical exam reveals positive Phalen's and Tinel's test, bilaterally. No thenar or intrinsic atrophy is noted. There were no other significant findings noted on this report. The utilization review denied the request on 09/15/2014. [REDACTED] is the requesting provider, and he provided treatment report dates 08/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography/Nerve Conduction Study (EMG/NCS) of Bilateral Upper Extremities:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

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

**Decision rationale:** According to the 08/28/2014 report by [REDACTED] this injured worker presents with bilateral numbness and tingling in the upper extremities. The treating physician is requesting Electromyography/Nerve Conduction Study (EMG/NCS) of Bilateral Upper Extremities. Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. This injured worker has not had an Electromyography (EMG). Request for Electromyography/Nerve Conduction Study (EMG/NCS) of Bilateral Upper Extremities is medically necessary.

**Ultrasound Evaluation of The Median Nerve:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Ultrasound, Diagnostic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS Chapter under Ultrasound (Diagnostic)

**Decision rationale:** The treating physician is requesting 1 ultrasound evaluation of the median nerve. Regarding ultrasound (diagnostic) for CTS, ODG guidelines state "Recommended as an additional option only in difficult cases. High-frequency ultrasound examination of the median nerve and measurement of its cross-sectional area may be considered as a new alternative diagnostic modality for the evaluation of CTS." In this case, the treating physician does not explain why an ultrasound is needed in addition to EMG/NCV studies. There is no explanation as to why this case is difficult warranting an ultrasound. Official Disability Guidelines does not recommend substituting electrical studies with ultrasound, but utilizing ultrasound diagnostically for only difficult cases. The request for Ultrasound Evaluation of The Median Nerve is not medically necessary.