

<b>Case Number:</b>	CM14-0175281		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Emergency 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 60-year-old female who reported an injury on 04/17/2013. The mechanism of injury was not provided. Her diagnoses include asymptomatic carpal tunnel syndrome. Her past treatments include physical therapy, modified activities, splinting, bracing, cortisone injection, and NSAIDs. Her diagnostic studies included an EMG in 04/2013, which revealed bilateral median mononeuropathy. On 06/12/2014, physical examination revealed positive Tinel's and Phalen's tests of the left wrist; tenderness to palpation over the bilateral CMC joints; painful range of motion bilaterally; and decreased grip strength bilaterally. Current medications include topical ibuprofen. The treatment plan was noted to include continued physical therapy for the left hand, wrist splinting, x-rays of the bilateral hands, modified activities, and a refill for topical ibuprofen. A request was received for UTS and confirmatory tests, as well as an EMG for the bilateral upper extremities. A rationale was not provided. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UTS and confirmatory tests:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

**Decision rationale:** The request for UTS and confirmatory tests is not medically necessary. The California MTUS Guidelines recommend urine drug screens to monitor for medication compliance and illicit drug use. More specifically, the Official Disability Guidelines recommend urine drug testing for the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Additionally, the guidelines recommend confirmatory testing when a urine drug test is negative for prescribed drugs, positive for non-prescribed opioids, or positive for illicit drugs. The documentation submitted did not indicate the injured worker to be taking opioids for pain management or the use of opioids for long term pain management. Moreover, there was insufficient documentation to indicate the injured worker was noncompliant with prescribed medications. In the absence of documentation showing inconsistent results on the point of contact urine drug screening, confirmation testing would not be supported. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for UTS and confirmatory tests is not medically necessary.

**EMG, bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [www.odg-twc.gov](http://www.odg-twc.gov); section: Neck and Upper Back (acute & chronic) updated 08/04/14

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography (EMG).

**Decision rationale:** The request for EMG, bilateral upper extremities is not medically necessary. The California MTUS ACOEM Guidelines state electrical studies may be indicated for patients with findings consistent with peripheral nerve impingement if symptoms persistent despite four to six weeks of conservative care. More specifically, the Official Disability Guidelines state electromyography (EMG) is only recommended for suspected carpal tunnel syndrome when nerve conduction studies (NCS) fail to confirm the diagnosis. The documentation submitted did indicate the injured worker to have objective findings consistent with left carpal tunnel syndrome upon examination. However, there was no evidence of carpal tunnel syndrome in the right upper extremity. Additionally, she was noted to have failed conservative treatment to include bilateral wrist bracing, medications, and physical therapy for the left hand. However, there was no evidence of an adequate course of physical therapy for the right hand. In the absence of evidence of carpal tunnel syndrome in the right wrist despite initially recommended conservative treatment, diagnostic testing would not be supported for the right upper extremity. Additionally, despite evidence of failed conservative care and objective findings consistent with carpal tunnel syndrome in the left wrist, there is no documentation indicating that NCS had failed to confirm the diagnosis. Therefore, EMG would also not be supported in the left upper extremity.

Furthermore, it was noted that a previous EMG study had revealed evidence of bilateral carpal tunnel syndrome and a clear rationale for updated testing was not provided. Based on the above, the request for EMG, bilateral upper extremities is not medically necessary.