

<b>Case Number:</b>	CM14-0024132		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 62-year-old female who was injured on September 1, 2011. The patient continued to experience pain in her neck with radiation into her bilateral upper extremities. Physical examination was notable for cervical musculoskeletal tenderness, decreased sensation along the left C6 and C7 dermatomes, positive Tinel's sign bilaterally, and tenderness to the bilateral wrists with flexion. MRI of the cervical spine dated December 19, 2013 reported 2mm posterior disc protrusion at C4-5, 2 mm anterior disc protrusion at C5-6, with no facet joint disease. Diagnoses included cervical spine muscle sprain/strain, bilateral shoulder strain, bilateral wrist tendonitis, and right carpal tunnel syndrome. Treatment included epidural steroid injections of the cervical spine and medications. Right carpal tunnel release surgery was being requested on the visit dated January 13, 2014. Requests for authorization for electromyography testing of the bilateral upper extremities and nerve conduction velocity testing of the bilateral upper extremities prior to carpal tunnel release surgery were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY TEST OF THE BILATERAL UPPER UPPER EXTREMITIES (UPDATE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-261, 270. Decision based on Non-MTUS Citation (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS).

**Decision rationale:** Carpal tunnel syndrome (CTS) does not produce and or wrist pain. It most often causes digital numbing or tingling in the thumb, index and long finger or numbness in the wrist. 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. ODG recommends electrodiagnostic testing 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. In this case the patient was diagnosed with mild right carpal tunnel syndrome, due to numbness and tingling in the right hand. There were no symptoms in the left hand. There was no documentation in the medical record to support the need for carpal tunnel release surgery bilaterally. Electrodiagnostic testing of the bilateral upper extremities was not indicated. The request is not medically necessary and appropriate.

**NERVE CONDUCTION VELOCITY TEST OF THE UPPER BILATERAL EXTREMITIES (UPDATE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-261, 270.

**Decision rationale:** Carpal tunnel syndrome (CTS) does not produce and or wrist pain. It most often causes digital numbing or tingling in the thumb, index and long finger or numbness in the wrist. 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. ODG recommends electrodiagnostic testing 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. In this case the patient was diagnosed with mild right carpal tunnel syndrome, due to numbness and tingling in the right hand. There were no symptoms in the left hand. There was no documentation in the medical record to support the need for carpal tunnel release surgery bilaterally. Electrodiagnostic testing of the bilateral upper extremities was not indicated. The request is not medically necessary and appropriate.