

<b>Case Number:</b>	CM14-0034419		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/21/2005
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 58-year-old female patient who sustained an industrial injury on 12/21/2005 and is diagnosed with carpal tunnel syndrome. The mechanism of injury was not reported. Records indicate that a request for electromyography (EMG) of the left upper extremity to evaluate for carpal tunnel and nerve conduction velocity (NCV) of the left upper extremity to evaluate for carpal tunnel was non-certified I utilization review on 02/25/14 indicating that the patient has previously undergone electrodiagnostic studies in 2008 and was diagnosed with bilateral carpal tunnel syndrome. There was no indication the patient is a candidate for surgery at this time. Furthermore, guidelines do not recommend electrodiagnostic testing for carpal tunnel. Most recent progress note provided is dated 03/17/14, noting the patient to present with subjective complaints of intermittent slight dull type of pain in the fingers and hands bilaterally. Pain is improved with rest and medications, worse with activities. She denies any numbness or weakness in the extremity. The provider indicates that prior to sending her for a hand consult, an EMG/NCV to see whether the conduction times are and to see if the ulnar nerve is also affected is being recommended. On physical examination, range of motion was decreased at the bilateral wrist with tenderness and swelling. There is tenderness and decreased sensation noted in the medial distribution, decreased strength due to the left thumb/finger opposition. There was mild thenar atrophy in the bilateral hands. Tinel's sign was mild over the bilateral carpal tunnels. Right and left ulnar nerve compression over Guyon's canal is mild. Durkan's compression test of the right and left median nerve elicits pain. Wrist flexion test for Phalen's elicits nonspecific numbness of both hands. NCV/EMG was recommended and she was offered injections. The patient was prescribed tramadol 50 mg 1-2 tablets every 6 hours as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of left upper extremity to evaluate for carpal tunnel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Table 8-8.

**Decision rationale:** Guidelines state Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is reference to the patient having previously undergone bilateral electrodiagnostic studies in 2008 and was diagnosed with carpal tunnel syndrome as a result. There is no indication that the patient is being considered for surgical intervention, and no description of an increase or significant change in symptoms since prior electrodiagnostic testing. Additionally, electromyography (EMG) it is not recommended by guidelines for suspected carpal tunnel syndrome. There is not enough documentation regarding recent conservative treatment targeting these symptoms. Documentation provided does not contain a detailed medication list, only noting the patient to be prescribed tramadol. It does not appear the patient is being prescribed any other pharmacological agents, such as adjuvant neuropathic agents. The medical necessity for repeat electromyography (EMG)/nerve conduction velocities (NCV) is not established, and this request is not medically necessary.

**Nerve conduction velocity (NCV) of left upper extremity to evaluate for carpal tunnel:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Table 8-8.

**Decision rationale:** Guidelines state "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In this case, there is reference to the patient having previously undergone bilateral electrodiagnostic studies in 2008 and was diagnosed with carpal tunnel syndrome as a result. There is no indication that the patient is being considered for surgical intervention, and no description of an increase or significant change in symptoms since prior electrodiagnostic testing. There is a lack of documentation regarding recent conservative treatment targeting these symptoms. Documentation provided does not contain a detailed medication list, only noting the patient to be prescribed tramadol. It does not appear the patient is being prescribed any other pharmacological agents, such as adjuvant neuropathic agents. The medical necessity for repeat electromyography (EMG)/nerve conduction velocities (NCV) is not established, and this request is non-certified.

