

<b>Case Number:</b>	CM14-0034753		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/18/2007
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Anesthesiologist and is licensed to practice in Florida. 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 45-year-old female with a reported date of injury on 01/18/2007. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with pain in the right wrist. The clinical information indicated the injured worker was post carpal tunnel surgery bilaterally. According to the clinical documentation, the injured worker has previously undergone carpal tunnel injections, the results of which were not provided within the documentation available for review. Within the clinical note dated 03/03/2014, the physician indicated the injured worker exhibited full range of motion with the ability to perform pinch and grip functions. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnosis included bilateral post carpal tunnel surgery. The injured worker's medication regimen included Vicodin. The Request for Authorization for EMG of the bilateral upper extremities and NCV/EMG of the bilateral upper extremities was not submitted. The physician indicated electro diagnostic studies were not done previously and would like to pursue them.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the 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 (ODG), Electromyography (EMGs)ODG//EDS/CARPAL TUNNEL SYNDROME.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The CA/ACOEM guidelines indicate for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 weeks period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Unequivocal findings that identify specific nerve compromise in the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. The California MTUS/ACOEM guidelines indicate for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 weeks period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Unequivocal findings that identify specific nerve compromise in the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. Where the neurological examination is less clear, however, further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG) and nerve conduction velocities (NCV) may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. The clinical documentation provided for review indicates that the injured worker has undergone bilateral carpal tunnel syndrome surgery. In addition, within the clinical note dated 03/03/2014, the physician indicated that the injured worker had full range of motion with the bilateral wrists, with the ability to perform pinch and grip functions. The MTUS/ACOEM guidelines recommend EMG/NCV studies when the neurological examination is less clear. The rationale for the request was indicated that because the EMG/NCV studies were not done previously, the physician would like to obtain those studies. There is a lack of documentation related to red flags or the increase in neurological dysfunction. The injured worker has a history of carpal tunnel syndrome, and bilateral carpal tunnel surgery. Therefore, the request for EMG/NCV of the bilateral upper extremities is not medically necessary and appropriate.

**NCV EMG of the 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, Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/ACOEM guidelines indicate for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 weeks period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Unequivocal findings that identify specific nerve compromise in the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. Where the neurological examination is less clear, however, further physiological evidence of nerve dysfunction can be obtained before ordering an

imaging study. Electromyography (EMG) and nerve conduction velocities (NCV) may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. The clinical documentation provided for review indicates that the injured worker has undergone bilateral carpal tunnel syndrome surgery. In addition, within the clinical note dated 03/03/2014, the physician indicated that the injured worker had full range of motion with the bilateral wrists, with the ability to perform pinch and grip functions. The MTUS/ACOEM guidelines recommend EMG/NCV studies when the neurological examination is less clear. The rationale for the request was indicated that because the EMG/NCV studies were not done previously, the physician would like to obtain those studies. There is a lack of documentation related to red flags or the increase in neurological dysfunction. The injured worker has a history of carpal tunnel syndrome, and bilateral carpal tunnel surgery. Therefore, the request for EMG/NCV of the bilateral upper extremities is not medically necessary and appropriate.