

<b>Case Number:</b>	CM14-0036934		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 33 year-old female who was reportedly injured on 6/23/2010. The mechanism of injury is noted as typing and writing. The most recent progress note dated 3/26/2014, indicates that there are ongoing complaints of moderate to severe wrist and hand pain bilaterally. Physical examination demonstrated +4 spasm and tenderness to the bilateral anterior wrists and thenar eminences, decreased active range of motion of the wrists bilaterally with pain, positive Tinel's bilaterally, positive Bracelet test bilaterally, Jamar Dynamometer: left 8/2/20 and right 14/6/4. EMG/NCS dated 9/24/2010 and 4/18/2012 were normal. Previous treatment includes local steroid injections in 2012 and 2013, splinting, and medications to include Norco, Motrin and compounding topical creams. Diagnosis is bilateral carpal tunnel syndrome. A carpal tunnel release was recommended at the last office visit; however, the claimant preferred to forego surgery at that time. A request was made for electrodiagnostic study (NCV/EMG) of right upper extremity which was modified and partially certified for nerve conduction velocity (NCV) study of bilateral wrists (EMG not medically necessary) in a utilization review on 3/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV/EMG of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck Chapter Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromyography.

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

**Decision rationale:** MTUS/ACOEM Guidelines support nerve conduction study (NCS) in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery, but electromyogram (EMG) is not generally necessary. After review of the available medical records, the claimant has a diagnosis of carpal tunnel syndrome and has failed conservative treatment and steroid injections. However, the injured worker has stated several times that she does not want to proceed with surgery. As such, this request is not considered medically necessary.

**NCV/EMG of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck chapter Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromyography.

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

**Decision rationale:** MTUS/ACOEM Guidelines support nerve conduction study (NCS) in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery, but electromyogram (EMG) is not generally necessary. After review of the available medical records, the claimant has a diagnosis of carpal tunnel syndrome and has failed conservative treatment and steroid injections. However, the injured worker has stated several times that she does not want to proceed with surgery. As such, this request is not considered medically necessary.