

<b>Case Number:</b>	CM14-0046870		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Occupational 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 54 year old patient had a date of injury on 9/16/2011. The mechanism of injury was developed pain in wrist and hands due to the nature of her job and work activities. In a progress noted dated 4/4/2014, subjective findings included bilateral wrist/hand pain, worse on right. She has shooting pain on right, going into arm and shoulder, and numbness and tingling in all fingers of both hands. At times, she has locking in right fourth and 5th fingers. She has weakness in both hands, causing her to drop items. On a physical exam dated 4/4/2014, objective findings included no evidence of gross deformity to the bilateral shoulders, and no muscle atrophy. There is no tenderness to palpation. The bilateral wrist/hands reveal no gross abnormalities, and the patient is able to make a complete fist. Diagnostic impression shows bilateral carpal tunnel syndrome, status post right carpal tunnel release on 5/10/2012, and left carpal tunnel tunnel release, 7/10/2012, with mild residual right carpal tunnel syndrome. Treatment to date: medication therapy, behavioral modification, right carpal tunnel release surgery dated 5/10/2012A UR decision dated 4/7/2014 denied the request for EMG to the bilateral upper extremities, NCV to bilateral upper extremities, stating that performing electrodiagnostic studies for carpal tunnel syndrome is not required when clinical testing is incomplete or findings to support the diagnosis are lacking. The patient has had prior surgical treatment with resolution of bilateral carpal tunnel syndrome medium EMG/NCS findings per the P&S report of [REDACTED], an upper extremity specialist. She has persistent subjective complaints, but no clear findings of recurrence. Wrist splints for bilateral wrists was denied, stating the rationale for providing additional splinting in absence of clear findings of carpal tunnel syndrome is not detailed in the report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) to the bilateral upper extremities qty:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back.

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the reports viewed, it was noted that the patient had already received EMG and nerve conduction for the right upper extremity consistent with right mild residual carpal tunnel syndrome on 8/14/2013. In the latest progress report dated 4/4/2014, there was no evidence of ulnar neuropathy, radial neuropathy, or cervical radiculopathy. There was also prior documentation of an EMG/NCV done in 2011. This patient is noted to have had prior carpal tunnel release surgery dated 5/10/2012, and in 4/4/2014 report, there was no description of any significant changes in the patients condition to warrant repeat EMG/NCV. Therefore, the request for EMG to the bilateral extremities is not medically necessary.

**Nerve conduction velocity (NCV) to the bilateral upper extremities qty:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back.

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the reports viewed, it was noted that the patient had already received EMG and nerve conduction for the right upper extremity consistent with right mild residual carpal tunnel syndrome on 8/14/2013. In the latest progress report dated 4/4/2014, there was no evidence of ulnar neuropathy, radial neuropathy, or cervical radiculopathy. There was also prior documentation of an EMG/NCV done in 2011. This patient is noted to have had prior carpal tunnel release surgery dated 5/10/2012, and in 4/4/2014 report, there was no description of any significant changes in the patients condition to warrant repeat EMG/NCV. Therefore, the request for NCV to the bilateral extremities is not medically necessary.

**Splints for bilateral wrists qty:2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [www.odg-twc.com](http://www.odg-twc.com), Forearm, Wrist and Hand Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel syndrome.

**Decision rationale:** CA MTUS guidelines recommend wrist splinting for acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; or acute flares or chronic hand osteoarthritis; Colles' fracture. In a progress report dated 4/4/2014, it was noted that the patient's diagnosis included carpal tunnel syndrome in the bilateral wrists. Subjectively, she has weakness in both hands, causing her to drop items. The patient complained of bilateral wrist/hand pain, worse on right, mainly over the base of thumb and heel of hand. Therefore, the request for wrist splints to the bilateral wrists is medically necessary.