Case Number:	CM14-0097163		
Date Assigned:	09/26/2014	**Date of Injury:**	09/13/2013
Decision Date:	11/17/2014	**UR Denial Date:**	06/13/2014
Priority:	Standard	**Application Received:**	06/25/2014

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 & 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 patient with a date of injury of 9/13/13. A utilization review determination dated 6/13/14 recommends non-certification of electrodiagnostic studies. RUE electrodiagnostic studies from 10/4/13 noted entrapment neuropathy of the median nerve at the right wrist with mild slowing of nerve conduction velocity (carpal tunnel syndrome). 5/9/14 medical report identifies pain in the bilateral upper extremities. She is getting acupuncture and using medications and transdermal creams with benefit. On exam, she is wearing a brace. There is positive Tinel's and Phalen's with decreased sensation in the median nerve distribution. Resisted extension of the long digit is mildly positive for pain at the radial tunnel and resisted extension of the wrist is mildly positive for pain at the lateral epicondyle. EMG/NCV studies are pending approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Wrist & Hand (updated 2/18/14), Electrodiagnostic Studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography

Decision rationale: Regarding the request for EMG of the right upper extremity, CA MTUS and ACOEM state that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (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. Within the documentation available for review, EDS from a few months prior to the current request was positive for right carpal tunnel syndrome and no rationale for additional testing on that side has been presented. In light of the above issues, the currently requested EMG of the right upper extremity is not medically necessary.

Electromyography (EMG) of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Wrist & Hand (updated 2/18/14), Electrodiagnostic Studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography

Decision rationale: Regarding the request for EMG of the left upper extremity, CA MTUS and ACOEM state that 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. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Within the documentation available for review, there are symptoms and findings suggestive of CTS despite conservative treatment with medication, acupuncture, and bracing. In light of the above, the currently requested EMG of the left upper extremity is medically necessary.

Nerve conduction velocity (NCV) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Wrist & Hand (updated 2/18/14), Electrodiagnostic Studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography

Decision rationale: Regarding the request for NCV of the right upper extremity, CA MTUS and ACOEM state that 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. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Within the documentation available for review, EDS from a few months prior to the current request was positive for right carpal tunnel syndrome and no rationale for additional testing on that side has been presented. In light of the above issues, the currently requested NCV of the right upper extremity is not medically necessary.

Nerve conduction velocity (NCV) of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Wrist & Hand (updated 2/18/14), Electrodiagnostic Studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography

Decision rationale: Regarding the request for NCV of the left upper extremity, CA MTUS and ACOEM state that 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. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Within the documentation available for review, there are symptoms and findings suggestive of CTS despite conservative treatment with medication, acupuncture, and bracing. In light of the above, the currently requested NCV of the left upper extremity is medically necessary.