

<b>Case Number:</b>	CM14-0098491		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Texas. 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 50 year old male machinist whose date of injury is 11/20/12 when his arm was crushed between two heavy metal plates. Progress report dated 06/02/14 noted that the injured worker has right hand, wrist and forearm pain and he is having difficulty grabbing. Medications were listed as Soma, Zolpidem, Simvastatin, Diazepam, Metformin, Lisinopril, and Norco. Objective findings of right upper extremity included positive Tinel's, positive Phalen's, decreased sensation thumb, index and middle digit. Assessment was status post right carpal tunnel release with residual. Treatment plan was for electromyography and nerve conduction velocity (EMG/NCV) right upper extremity; MRI of the right hand and wrist to evaluate right carpal tunnel for incomplete release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) for the right upper extremities:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Per American College of Occupational and Environmental Medicine (ACOEM), 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. There is no evidence of findings indicative of cervical radiculopathy on clinical examination. The injured worker has clear examination findings consistent with carpal tunnel syndrome. Electrodiagnostic testing is not necessary as the diagnosis has been made, and EMG/NCV will not advance the diagnosis or alter the treatment plan. There is no indication that this is a difficult case that would necessitate EMG. Based on the clinical information provided for review, the request for Electromyography (EMG) for the right upper extremity is not recommended as medically necessary.

**Nerve conduction velocity (NCV) for the right upper extremities:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Per American College of Occupational and Environmental Medicine (ACOEM), 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. There is no evidence of findings indicative of cervical radiculopathy on clinical examination. The injured worker has clear examination findings consistent with carpal tunnel syndrome. Electrodiagnostic testing is not necessary as the diagnosis was made, and EMG/NCV will not advance the diagnosis or alter the treatment plan. Based on the clinical information provided for review, the request for nerve conduction velocity (NCV) for the right upper extremity is not recommended as medically necessary.