

<b>Case Number:</b>	CM14-0123586		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on 2/12/2013. He reported injuries to his neck and bilateral shoulders. He was diagnosed as having spinal stenosis at C4-5, C5-6 and C6-7. Treatment to date has included anterior cervical discectomy (1/23/2014). Per the most recent orthopedic reevaluation dated 7/23/2014, the injured worker reported bilateral hand pain and right elbow pain. Physical examination revealed tenderness over the medial epicondyle specifically over the cubital tunnel. There is subluxation of the ulnar nerve noted. There is decreased sensation over the ulnar nerve route. There is evidence of bilateral carpal tunnel syndrome with decreased sensation over the median nerve route for both hands. The plan of care included an updated EMG (electromyography)/NCV (nerve conduction studies). Bilateral carpal tunnel release was recommended. Authorization was requested for EMG/NCS of the left and right upper extremity. Utilization Review on 7/30/14 modified to allow nerve conduction study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Upper Extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 269.

**Decision rationale:** According to ACOEM Guidelines, appropriate electrodiagnostic studies (EDS) may help differentiate between CTS (carpal tunnel syndrome) 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. According to ACOEM Guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. In this case, the injured worker is noted to have evidence of decreased sensation over the median nerve and carpal tunnel release is being considered. The request for EMG for confirmation of carpal tunnel syndrome is supported. The request for EMG Left Upper Extremity is medically necessary.

**EMG Right Upper Extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 269.

**Decision rationale:** According to ACOEM Guidelines, appropriate electrodiagnostic studies (EDS) may help differentiate between CTS (carpal tunnel syndrome) 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. According to ACOEM Guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. In this case, the injured worker is noted to have evidence of decreased sensation over the median nerve and carpal tunnel release is being considered. The request for EMG for confirmation of carpal tunnel syndrome is supported. The request for EMG Right Upper Extremity is medically necessary.