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| Case Number: | CM14-0196771 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 02/01/2012 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 61-year-old woman with a date of injury of February 1, 2012. The mechanism of injury occurred when the IW "bumped" the dorsal aspects of the index fingers and middle finger proximal interphalangeal (PIP) joint regions against a hard object while at work. The injured worker's working diagnoses are carpal tunnel syndrome; unspecified neuralgia, neuritis, and radiculitis; bilateral carpal tunnel release and tenovagotomy procedure of both hands with residuals; and rule out cervical radiculopathy. The IW is status post open right carpal tunnel release decompression, tenovagotomy of the right index and middle fingers on August 20, 2013, and open left carpal tunnel release, tenovagotomy of the left index finger and middle fingers on May 9, 2014. Prior treatments have included therapy, medications, and braces. She has been on modified duty. Pursuant to the progress note dated October 28, 2014, the IW complains of pain throughout both upper extremities, greatest in the right hand. The IW has numbness and tingling in the index and middle fingers bilaterally. Physical examination of bilateral upper extremities reveals mild tenderness at the volar distal forearm bilaterally. No crepitus. Sensation, motor, and circulation are all normal. Range of motion is full in all digits, both hands, and wrists with the exception of the right wrist with 40 degrees of extension and the index finger bilaterally where there is mild limitation of full composite flexion. Grip strength testing is 5/5 bilaterally. Provocative tests are negative bilaterally. X-rays (3 views) were obtained of both hands and wrists with an additional carpal tunnel view showing mild degenerative changes throughout both hands. Lucency within the proximal ulnar quadrant of the right lunate of both wrists is consistent with degenerative changes. Electrodiagnostic testing

dated May 21, 2013 showed moderate to severe nerve entrapment of the right median nerve, and moderate swelling of the left median nerve. Following the studies, the IW underwent bilateral carpal tunnel releases. The IW will be started on Voltaren 100mg, Flexeril 7.5mg, and Protonix 20mg. The treating physician is request a cervical MRI as soon as possible, as well as EMG/NCV of the bilateral upper extremities, and EMG/NCV of the cervical spine. The current request is for EMG/NCV of the bilateral upper extremities, and cervical spine per 10/28/14 note.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities QTY: 1.00: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, EMG/NCV.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, NCV/EMGs of the bilateral upper extremities/ cervical spine are not medically necessary. Electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. NCV/EMG may help confirm the diagnosis of carpal tunnel syndrome but maybe normal in early or mild cases. If electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. The Official Disability Guidelines recommend EMG only in cases where diagnosis is difficult with nerve conduction studies. In more difficult cases, needle EMG may be helpful as part of electrodiagnostic studies which include nerve conduction velocity studies. Nerve conduction studies are recommended in patients with clinical signs of carpal, tunnel syndrome may be candidates for surgery. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. NVC studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs recommended if the EMG is not clearly radiculopathy or clearly negative. In the case, the injured worker's working diagnoses are carpal tunnel syndrome; unspecified neuralgia and radiculitis; bilateral carpal release; and tenovagotomy of the right index. Progress note dated August 28, 2014 noted the injured worker complained of pain in both upper extremities greater on the right. There was no physical examination performed. September 2014 the injured worker return to work. In October 2014 the injured worker was a no-show at the appointment. On October 23, 2014, the documentation indicates the injured worker underwent therapy, was treated with medication and embrace. She underwent bilateral carpal tunnel release with residual symptoms. The patient has pain in her neck radiating down into both upper extremities. The physical examination of the upper extremities however, is unremarkable there were no significant findings noted. There were well healed surgical scars. Palpation showed mild tenderness. Sensation was normal, circulation was normal, motor examination was intact, range of motion was full in all digits both hands and wrists with the exception of the right wrist.

Provocative tests were negative at the median/ulnar nerves at both elbows. The assessment was carpal tunnel syndrome; and unspecified neuralgia neuritis and radiculitis; rule out cervical radiculopathy. There were no clinical objective findings compatible with radiculopathy. NCVs are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies if other diagnoses may be likely based on the clinical exam. There was no clinical physical examination in the medical record demonstrating significant abnormalities of the upper extremities. Consequently, absent clinical documentation to support EMGs of the bilateral upper extremities, EMG/NCV of the bilateral upper extremities, cervical spine is not medically necessary.

EMG of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, EMG/NCV

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, NCV/EMGs of the bilateral upper extremities/ cervical spine are not medically necessary. Electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. NCV/EMG may help confirm the diagnosis of carpal tunnel syndrome but maybe normal in early or mild cases. If electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. The Official Disability Guidelines recommend EMG only in cases where diagnosis is difficult with nerve conduction studies. In more difficult cases, needle EMG may be helpful as part of electrodiagnostic studies which include nerve conduction velocity studies. Nerve conduction studies are recommended in patients with clinical signs of carpal, tunnel syndrome may be candidates for surgery. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. NVC studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs recommended if the EMG is not clearly radiculopathy or clearly negative. In the case, the injured worker's working diagnoses are carpal tunnel syndrome; unspecified neuralgia and radiculitis; bilateral carpal release; and tenovagotomy of the right index. Progress note dated August 28, 2014 noted the injured worker complained of pain in both upper extremities greater on the right. There was no physical examination performed. September 2014 the injured worker return to work. In October 2014 the injured worker was a no-show at the appointment. On October 23, 2014, the documentation indicates the injured worker underwent therapy, was treated with medication and embrace. She underwent bilateral carpal tunnel release with residual symptoms. The patient has pain in her neck radiating down into both upper extremities. The physical examination of the upper extremities however, is unremarkable there were no significant findings noted. There were well healed surgical scars. Palpation showed mild tenderness. Sensation was normal, circulation was normal, motor examination was intact, range

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NCV of the bilateral upper extremities and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, EMG/NCV.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, NCV/EMGs of the bilateral upper extremities/ cervical spine are not medically necessary. Electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. NCV/EMG may help confirm the diagnosis of carpal tunnel syndrome but maybe normal in early or mild cases. If electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. The Official Disability Guidelines recommend EMG only in cases where diagnosis is difficult with nerve conduction studies. In more difficult cases, needle EMG may be helpful as part of electrodiagnostic studies which include nerve conduction velocity studies. Nerve conduction studies are recommended in patients with clinical signs of carpal, tunnel syndrome may be candidates for surgery. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. NVC studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs recommended if the EMG is not clearly radiculopathy or clearly negative. In the case, the injured worker's working diagnoses are carpal tunnel syndrome; unspecified neuralgia and radiculitis; bilateral carpal release; and tenovagotomy of the right index. Progress note dated August 28, 2014 noted the injured worker complained of pain in both upper extremities greater on the right. There was no physical examination performed. September 2014 the injured worker return to work. In October 2014 the injured worker was a no-show at the appointment. On October 23, 2014, the documentation indicates the injured worker underwent therapy, was treated with medication and embrace. She underwent bilateral carpal tunnel release with residual symptoms. The patient has pain in her neck radiating down into both upper extremities. The physical examination of the upper extremities however, is unremarkable there were no significant findings noted. There were well healed surgical scars. Palpation showed mild

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