MAXIMUS Federal Services

Case Number:	CM14-0197307		
Date Assigned:	12/05/2014	Date of Injury:	09/01/2011
Decision Date:	01/23/2015	UR Denial Date:	10/22/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab, 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 male patient with a date of injury of September 1, 2011. A utilization review determination dated October 22, 2014 recommends non-certification of EMG (electromyography) of the left upper extremity, NCV (nerve conduction velocity) of the right upper extremity, NCV (nerve conduction velocity) of the left upper extremity, and EMG (electromyography) of the right upper extremity. A progress note dated October 7, 2014 identifies subjective complaints of no improvement since the last visit. The patient reports decreased right ring finger pain rated at a 5-6/10 and right middle finger pain rated at a 5/10, and the patient reports radiation of pain to the palm area with a burning pinching sensation. The patient reports occasional tingling/numbness in the right hand at night. The patent has left middle finger pain rated at a 4/10 that radiates to the palm area with brain pinching sensations. The physical examination identifies well-healed scars at the base of both hands, and incision of the right middle finger is healed and dry. There is documentation noting an EMG/NCV of bilateral upper extremities done on August 5, 2013 demonstrates borderline right and left carpal tunnel syndrome. The diagnoses include status post left middle finger trigger release, status post right middle and ring trigger finger releases, bilateral carpal tunnel syndrome, history of diabetes, and complaints of anxiety, depression, sleep difficulty. The treatment plan recommends follow-up as needed, a request for authorization for an EMG/NCV of bilateral upper extremities to rule out bilateral carpal tunnel syndrome, and the patient was given a prescription for Anaprox 550 mg #60 and Prilosec 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the left 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), Carpal Tunnel Syndrome (Acute & Chronic), Electromyography (EMG)

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 (electromyography) of the left upper extremity, Occupational Medicine Practice Guidelines state that electrodiagnostic studies are appropriate and may help differentiate between CTS and other conditions, such as cervical radiculopathy. Guidelines go on to state that electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary except in cases where diagnosis is difficult with nerve conduction studies (NCS). The guidelines also state that carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. Within the documentation available for review, there are no recent physical examination findings identifying neurologic dysfunction. Additionally, there is no statement indicating why repeat electrodiagnostic studies are being sought at the current time. In the absence of such documentation, the currently requested EMG (electromyography) of the left upper extremity is not medically necessary.

NCV (nerve conduction velocity) 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), Carpal Tunnel Syndrome (Acute & Chronic), Nerve Conduction Study (NCS)

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 (nerve conduction velocity) of the right upper extremity, Occupational Medicine Practice Guidelines state that electrodiagnostic studies are appropriate and may help differentiate between CTS and other conditions, such as cervical radiculopathy. Guidelines go on to state that electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary except in cases where diagnosis is difficult with nerve

conduction studies (NCS). The guidelines also state that carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. Within the documentation available for review, there are no recent physical examination findings identifying neurologic dysfunction. Additionally, there is no statement indicating why repeat electrodiagnostic studies are being sought at the current time. In the absence of such documentation, the currently requested NCV (nerve conduction velocity) of the right upper extremity is not medically necessary.

NCV (nerve conduction velocity) of the left 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), Carpal Tunnel Syndrome (Acute & Chronic), Nerve Conduction Study (NCS)

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 (nerve conduction velocity) of the left upper extremity, Occupational Medicine Practice Guidelines state that electrodiagnostic studies are appropriate and may help differentiate between CTS and other conditions, such as cervical radiculopathy. Guidelines go on to state that electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary except in cases where diagnosis is difficult with nerve conduction studies (NCS). The guidelines also state that carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. Within the documentation available for review, there are no recent physical examination findings identifying neurologic dysfunction. Additionally, there is no statement indicating why repeat electrodiagnostic studies are being sought at the current time. In the absence of such documentation, the currently requested NCV (nerve conduction velocity) of the left upper extremity is not medically necessary.

EMG (electromyography) 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), Carpal Tunnel Syndrome (Acute & Chronic), Electromyography (EMG)

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 (electromyography) of the right upper extremity, Occupational Medicine Practice Guidelines state that electrodiagnostic studies are appropriate and may help differentiate between CTS and other conditions, such as cervical radiculopathy. Guidelines go on to state that electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary except in cases where diagnosis is difficult with nerve conduction studies (NCS). The guidelines also state that carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. Within the documentation available for review, there are no recent physical examination findings identifying neurologic dysfunction. Additionally, there is no statement indicating why repeat electrodiagnostic studies are being sought at the current time. In the absence of such documentation, the currently requested EMG (electromyography) of the right upper extremity is not medically necessary.