

Case Number:	CM14-0199656		
Date Assigned:	12/10/2014	Date of Injury:	09/28/2014
Decision Date:	01/29/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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:

The injured worker is a 40 year old male with a date of injury of September 28, 2014. The results of the injury include numbness and tingling to both hands. Progress report dated November 13, 2014 showed deep tendon reflexes plus two, Tinel's and Phalan's tests were negative in both hands. Electrodiagnostic test dated November 13, 2014 revealed electrodiagnostic evidence of mild carpal tunnel syndrome in the right hand, no electrodiagnostic evidence of cervical radiculopathy, abnormal study. The injured worker was on no medication at the time. Per the utilization review, the patient has tried a few session of physical therapy, naproxen, and tape over the wrist as conservative treatment. Utilization review form dated November 7, 2014 non certified EMG of the left upper extremity and EMG of the right upper extremity due to noncompliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability

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

Decision rationale: ACOEM Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms(D)." The ACOEM guidelines on page 261 state "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."In this injured worker, the ELeCtromyogram test result specifies some history in that the patient complained of numbness since the date of injury on September 28, 2014. Per the utilization review, the patient has tried a few session of physical therapy, naproxen, and tape over the wrist as conservative treatment. The EMG was denied while the NCS was certified, but the EMG is also medically warranted. The reason is that the EMG, while not essential in the diagnosis of carpal tunnel syndrome, is the most important component in ruling out radiculopathy. The patient's clinical exam does not readily point to a suspected diagnosis as the Tinel and Phalen's maneuver are negative, which means that the numbness could be due to a variety of potential pathology. The EMG portion of the study further elucidates potential diagnoses in this case. As such the request is considered medically necessary.

EMG of the 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

Decision rationale: ACOEM Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms (D)." The ACOEM guidelines on page 261 state "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."In this injured worker, the Electromyogram test result specifies some history in that the patient complained of numbness since the date of injury on September 28, 2014. Per the utilization review, the patient has tried a few sessions of physical therapy, naproxen, and tape over the wrist as conservative treatment. The EMG was denied while the NCS was certified, but the EMG is also medically warranted. The reason is that the EMG, while not essential in the diagnosis of carpal tunnel syndrome, is the most important component in

ruling out radiculopathy. The patient's clinical exam does not readily point to a suspected diagnosis as the Tinel and Phalen's maneuver are negative, which means that the numbness could be due to a variety of potential pathology. The EMG portion of the study further elucidates potential diagnoses in this case, and is necessary.