

<b>Case Number:</b>	CM14-0200753		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 49 year old female with a work injury dated 09/25/2013. She states she was trying to pull something out of a machine when she twisted her right hand and arm. She has had ongoing pain to her neck down both arms with numbness and tingling of the right hand and wrist. Prior treatment includes 16 sessions of physical therapy with little to no improvement. On 10/01/2014 visit physical exam showed tenderness upon palpation about the volar surface of the wrist. Phalen's and Tinel's sign was positive. There was mild swelling noted to the hand and wrist. Compartments were soft. Range of motion was decreased. Plain film radiographs of the right wrist were unremarkable (as documented by the provider.) Diagnosis was right wrist, carpal tunnel syndrome. The provider requested authorization EMG/nerve conduction study to the bilateral upper extremities. The record dated 10/01/2014 is the only medical record available for this review. On November 18, 2014 utilization review non-certified the EMG/nerve conduction test to bilateral upper extremities, citing MTUS, ACOEM and ODG. The decision was appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain; Carpal Tunnel; EMG

**Decision rationale:** ACOEM States 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. The diagnosis of Carpel Tunnel Syndrome is well established in this patient and the EMG would not be indicated to reconfirm this diagnosis. ODG further states regarding carpal tunnel syndrome testing (EMG/NCV), 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. See also Nerve conduction studies (NCS) and Electromyography (EMG). In general, carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. ODG further clarifies NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Therefore, EMG of the left upper extremity is not medically necessary.

**NCV of 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain; Electrodiagnostic testing

**Decision rationale:** ACOEM States 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. ODG further clarifies NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The treating physician does not document evidence of radiculopathy, muscle atrophy, and abnormal neurologic findings. The treating physician has not met the above ACOEM and ODG criteria for an NCV of the upper extremities. As such the request for NCV LEFT UPPER EXTREMITY is not medically necessary.

**NCV of 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain; Electrodiagnostic testing

**Decision rationale:** ACOEM States 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. ODG further clarifies NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The treating physician does not document evidence of radiculopathy, muscle atrophy, and abnormal neurologic findings. The treating physician has not met the above ACOEM and ODG criteria for an NCV of the upper extremities. As such the request for NCV RIGHT UPPER EXTREMITY is not medically necessary.

**EMG of 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain; carpal tunnel; EMG

**Decision rationale:** ACOEM States 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. The diagnosis of Carpel Tunnel Syndrome is well established in this patient and the EMG would not be indicated to reconfirm this diagnosis. ODG further states regarding carpal tunnel syndrome testing (EMG/NCV), 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. See also Nerve conduction studies (NCS) and Electromyography (EMG). In general, carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. ODG further clarifies NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Therefore, EMG of the right upper extremity is not medically necessary.