

<b>Case Number:</b>	CM14-0205547		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 patient with a date of injury of 8/18/09. A utilization review determination dated 11/10/14 recommends non-certification/modification of EMG/NCV/SSEP bilateral wrists. 11/3/14 medical report identifies pain in the wrists, right elbow, and right shoulder. On exam, there is tenderness and limited ROM. Recommendations include electrodiagnostic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NVC/ SSEP bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome Chapter

**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, Evoked potential studies.

**Decision rationale:** Regarding the request for EMG/NCV/SSEP bilateral wrists, CA MTUS states that 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 notes that they 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. ODG also notes that evoked potential studies are not recommended for the diagnosis of carpal tunnel syndrome/ulnar nerve entrapment, or for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. Within the documentation available for review, there are no current findings consistent with radiculopathy, carpal tunnel syndrome, or another peripheral neuropathy, and there is no support for evoked potential studies in the evaluation of the patient's injuries. In light of the above issues, the currently requested EMG/NCV/SSEP bilateral wrists is not medically necessary.