

<b>Case Number:</b>	CM14-0020207		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female, who sustained an industrial injury on 01/25/2011. The diagnoses have included carpal tunnel syndrome with bilateral carpal tunnel release surgery on 6/16/2012. Treatment to date has included physical therapy. According to the Primary Treating Physician's Progress Report dated 12/9/2013, the injured worker was seen for follow-up for bilateral hand numbness. The injured worker presented with increasing pain and tingling in the medial distribution bilaterally. Objective findings revealed swelling; incision healed at palm and below long finger. There was tenderness to palpation. The treatment plan was to request authorization for bilateral electromyography/nerve conduction velocity testing to better assess condition and need for treatment. On 1/13/2014, Utilization Review (UR) non-certified requests for electromyography/nerve conduction velocity of the left upper extremity and electromyography/nerve conduction velocity of the right upper extremity. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Right Upper Extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome (updated 05/07/13)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AANEM: Recommended Policy for Electrodiagnostic Medicine. Updated on 8-30-14.

**Decision rationale:** The claimant is more than two years status post work-related injury with treatments including bilateral carpal tunnel release surgery. When seen by the requesting provider, she had increasing pain and tingling with findings of incisional swelling and tenderness. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. Additionally, guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. In this case, the claimant has new symptoms and additional surgical intervention might be indicated. Therefore, the requested EMG of the right upper extremity is medically necessary.

#### **EMG Left Upper Extremity: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AANEM: Recommended Policy for Electrodiagnostic Medicine. Updated on 8-30-14.

**Decision rationale:** The claimant is more than two years status post work-related injury with treatments including bilateral carpal tunnel release surgery. When seen by the requesting provider, she had increasing pain and tingling with findings of incisional swelling and tenderness. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. Additionally, guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. In this case, the claimant has new

symptoms and additional surgical intervention might be indicated. Therefore, the requested EMG of the left upper extremity is medically necessary.

**NCV Right Upper Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AANEM: Recommended Policy for Electrodiagnostic Medicine. Updated on 8-30-14.

**Decision rationale:** The claimant is more than two years status post work-related injury with treatments including bilateral carpal tunnel release surgery. When seen by the requesting provider, she had increasing pain and tingling with findings of incisional swelling and tenderness. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. Additionally, guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. In this case, the claimant has new symptoms and additional surgical intervention might be indicated. Therefore, the requested NCV of the right upper extremity is medically necessary.

**NCV Left Upper Extremity: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AANEM: Recommended Policy for Electrodiagnostic Medicine. Updated on 8-30-14.

**Decision rationale:** The claimant is more than two years status post work-related injury with treatments including bilateral carpal tunnel release surgery. When seen by the requesting provider, she had increasing pain and tingling with findings of incisional swelling and tenderness. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of

certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. Additionally, guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. In this case, the claimant has new symptoms and additional surgical intervention might be indicated. Therefore, the requested NCV of the left upper extremity is medically necessary.