

<b>Case Number:</b>	CM14-0046634		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Interventional Spine Pain Management 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 patient is a 31 year old female with the injury date of 06/28/10. Per physician's report 02/26/14, the patient has pain in her left arm and hand, at 8-10/10. The patient experiences numbing and tingling in the left upper extremity with history of left carpal tunnel syndrome. The patient is going to physical therapy for desensitization and increase ROM of her hand. The cervical spine is bilateral paraspinous tenderness and supple. The patient presents painful range of cervical motion in all directions. The treater requested Nerve conduction test to determine if she has CRPS or carpal tunnel. The lists of diagnoses are: 1) Carpal tunnel syndrome, other pain disorder related psychological factors 2) Other transient mental d/o due conds class elsw 3) CRPS, type 2, upper extremity Per 01/02/14 progress report, the patient has chronic left wrist and upper arm pain. There is decreased sensation in the proximal forearm and upper arm. The patient experiences occasional swelling in her left hand. There is a reference to "her recent electrodiagnostic study shows that she had bilateral carpal tunnel syndrome" but no actual EMG report is provided. The patient still has ongoing numbness and tingling but she is no taking any neuropathic pain medications. She is taking medical marijuana, Tylenol and Ibuprofen. The patient has had physical therapy and chiropractic treatment in the past. Phalen's sign test shows mild to severe signs of tingling, numbness, loss of feeling or strength, or pain in the hand noted bilaterally. Tinel's sign test is positive on the right. Both elbows have decreased sensation. Both wrists have allodynia and hyperesthesia. The patient is not currently working. Per QME's report, the patient complains of numbness and tingling in her right hand intermittently. She complains of her neck pain, primarily on the left side, radiating down her left arm. The utilization review determination being challenged is dated on 03/05/14. Two treatment reports were provided on 01/02/14 and 02/26/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 262.

**Decision rationale:** The patient presents with pain and weakness in her left upper extremity. The patient is s/p left carpal tunnel release on 11/24/10 and s/p open reduction, internal fixation of right clavicle fracture on 01/02/07. The request is for Electromyography (EMG) of the bilateral upper extremities. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. ACOEM guidelines Ch11 page 262 states that "tests may be repeated later in the course of treatment if symptoms persist." Per 01/02/14 progress report, "her recent electrodiagnostic study shows that she had bilateral carpal tunnel syndrome." The date of procedure or the report of electrodiagnostic study is not provided. The utilization review letter 03/05/14 indicates that "electrodiagnostic study was relatively recent." The provider does not explain why another set of EMG is needed. The patient is not recently post-op; there are no changes in clinical presentation. Given that the patient has had this test recently, the request is not medically necessary.

**Nerve Conduction Velocity (NCV) of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 262.

**Decision rationale:** The patient presents with pain and weakness in her left upper extremity. The patient is s/p left carpal tunnel release on 11/24/10. The request is for Nerve Conduction Velocity (NCV) of bilateral extremities. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). ACOEM chapter 8, page 178, for Neck and Upper Back Complaints states: Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks.

ACOEM guidelines Ch11 page 262 states that "tests may be repeated later in the course of treatment if symptoms persist." On 02/26/14 the provider requested NCV to determine if she has CRPS or carpal tunnel and an NCV is supported by the ACOEM and ODG Guidelines. However, the patient had an electrodiagnostic study recently according to the utilization review letter. The provider does not explain why another set of NCV is needed. The request is not medically necessary.