

<b>Case Number:</b>	CM15-0008301		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old female with a date of injury as 02/14/2014. The cause of the injury occurred while the worker was helping to carry a 200 pound bucket of chicken and suddenly felt a pop and experienced pain in the right wrist. The current diagnoses include right hand/wrist derangement and status post right carpal tunnel release surgery. Previous treatments include medication, physical therapy, cortisone injections, and right carpal tunnel release. Report dated 11/26/2014 noted that the injured worker presented with complaints that included constant right wrist pain, weakness, numbness, and swelling, pain level rated 6 out of 10. Physical examination revealed tenderness and swelling over the palmar aspect, Phalen's sign is positive, and decreased strength, restricted range of motion due to pain. Treatment plan included continued medications and request for MRI of the right wrist and EMG/NCV of the upper extremity. The injured worker is temporarily totally disabled. The physician request was made due to the continued right wrist pain. The utilization review performed on 01/07/2015 non-certified a prescription for nerve conduction velocity study of the right upper extremity and electromyograph of the right upper extremity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 ODG Carpal Tunnel Syndrome- Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 206-262.

**Decision rationale:** The patient presents with right wrist pain radiating to right arm and hand rated at 8/10 with and 6/10 without activities. The request is for NCV OF RIGHT UPPER EXTREMITY. The request for authorization is not available. Patient is status-post carpal tunnel release 08/01/14. Phalen's sign is positive and range of motion is restricted. Patient is unable to perform her activities of daily living due to this pain. Patient has attended 12 sessions of physical therapy. Patient has received two shots of cortisone injections to her right wrist. Patient's medications include Tramadol, Naproxen, Ondansetron and Pantoprazole. Patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater has not provided reason for the request. Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, EMG/NCS studies would appear reasonable. However, per progress report dated 11/26/14, EMG/NCV has already been performed. The prior EMG/NCV report is not available for review. There is no explanation as to why a repeat study is needed. There has not been any change in the patient's clinical presentation. The request 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 ODG Forearm, Wrist & Hand- Electrodiagnostic Studies (EDS) ODG Carpal Tunnel Syndrome - Electromyography (EMG)

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

**Decision rationale:** The patient presents with right wrist pain radiating to right arm and hand rated at 8/10 with and 6/10 without activities. The request is for EMG OF RIGHT UPPER EXTREMITY. The request for authorization is not available. Patient is status- post carpal tunnel release 08/01/14. Phalen's sign is positive and range of motion is restricted. Patient is unable to perform her activities of daily living due to this pain. Patient has attended 12 sessions of physical therapy. Patient has received two shots of cortisone injections to her right wrist. Patient's medications include Tramadol, Naproxen, Ondansetron and Pantoprazole.

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