Case Number:	CM15-0100143		
Date Assigned:	06/02/2015	**Date of Injury:**	12/10/2002
Decision Date:	07/09/2015	**UR Denial Date:**	05/01/2015
Priority:	Standard	**Application Received:**	05/26/2015

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: New York
Certification(s)/Specialty: Internal 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 64 year old female sustained an industrial injury on 12/10/02. She subsequently reported wrist pain. Diagnoses include De Quervain's syndrome and status post bilateral carpal tunnel release and tenosynovitis. Treatments to date include modified work duty, surgery, physical therapy and prescription pain medications. The injured worker continues to experience bilateral wrist pain. Upon examination, hypoesthesia was noted in the left C6-C7. There was weakness noted with grip strength. Phalen's and Tinel's testing was positive bilaterally. A request for Electromyography (EMG) left upper extremity, Nerve conduction velocity (NCV), right upper extremity, NCV, left upper extremity, EMG, right upper extremity, Transcutaneous electrical nerve stimulation (TENS) unit (rental 30 days) and Bilateral wrist brace (purchase) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG), 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 - Treatment for Workers' Compensation (ODG-TWC) Online Edition Chapter: Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. Documentation reveals that the injured worker complains of bilateral wrist pain with diagnosis of Tenosynovitis, status post Bilateral Carpal Tunnel Release and Right DeQuervain's release. Physician report fails to indicate neck complains consistent with cervical radiculopathy to establish the medical necessity for EMG testing. The request for Electromyography (EMG), left upper extremity is not medically necessary per guidelines.

Nerve conduction velocity (NCV), right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Online Edition Chapter: Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Nerve conduction studies (NCS).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends nerve conduction studies (NCS) in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery. Documentation reveals that the injured worker complains of bilateral wrist pain with diagnosis of Tenosynovitis, status post Bilateral Carpal Tunnel Release and Right DeQuervains release. Physician report fails to address if the injured worker is a candidate for repeat surgery, but there

are objective findings on physical examination consistent with CTS. The request for NCV to further assess the persistent wrist complains is reasonable. The request for Nerve conduction velocity (NCV), right upper extremity is medically necessary per guidelines.

NCV, left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Online Edition Chapter: Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Nerve conduction studies (NCS).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends nerve conduction studies (NCS) in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery. Documentation reveals that the injured worker complains of bilateral wrist pain with diagnosis of Tenosynovitis, status post Bilateral Carpal Tunnel Release and Right DeQuervains release. Physician report fails to address if the injured worker is a candidate for repeat surgery, but there are objective findings on physical examination consistent with CTS. The request for NCV to further assess the persistent wrist complains is reasonable. The request for NCV, left upper extremity is medically necessary per guidelines.

EMG, 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 - Treatment for Workers' Compensation (ODG-TWC) Online Edition Chapter: Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of

CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. Documentation reveals that the injured worker complains of bilateral wrist pain with diagnosis of Tenosynovitis, status post Bilateral Carpal Tunnel Release and Right DeQuervains release. Physician report fails to indicate neck complains consistent with cervical radiculopathy to establish the medical necessity for EMG testing. The request for EMG, right upper extremity is not medically necessary per guidelines.

Transcutaneous electrical nerve stimulation (TENS) unit (rental 30 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), pg 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter, TENS (transcutaneous electrical neurostimulation).

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. When prescribed, a 2 lead unit is generally recommended. Per guidelines, if a 4 lead TENS unit is recommended, there must be additional documentation as to the reason why. Per ODG, TENS unit is not recommended for the treatment of Hand, forearm and wrist symptoms. The injured worker complains of bilateral wrist pain with diagnosis of Tenosynovitis, status post Bilateral Carpal Tunnel Release and Right DeQuervains release. Documentation provided does not indicate a specific functional program is prescribed. The request for transcutaneous electrical nerve stimulation (TENS) unit (rental 30 days) is not medically necessary per guidelines.

Bilateral wrist brace (purchase): 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 Page(s): Initial Care, pg 263- 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter, Splints.

Decision rationale: MTUS states that the initial treatment of Carpal Tunnel Syndrome (CTS) should include the use of night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. ODG recommends splints for treating displaced fractures. A small splint for pain relief during the day combined with a custom-made and rigid splint for prevention of deformities at night may be an optimal regimen. The injured has had Bilateral Carpal Tunnel Release and Right DeQuervains release surgery with ongoing complains of bilateral wrist. Physician report fails to provide details regarding previous conservative management, including use of wrist brace and clinical outcome. The medical necessity for additional use of wrist brace at the stage of treatment has not been established. The request for bilateral wrist brace (purchase) is not medically necessary.