

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0016377 |                              |            |
| <b>Date Assigned:</b> | 02/04/2015   | <b>Date of Injury:</b>       | 11/13/2013 |
| <b>Decision Date:</b> | 04/02/2015   | <b>UR Denial Date:</b>       | 01/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2015 |

### 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: 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:

The injured worker is a 54 year old female who sustained a work related injury on November 13, 2013. She experienced pain, numbness and tingling in both hands and wrists after prolonged and repetitive computer keyboarding and handwriting, working as an eligibility worker for the county. Treatments included diagnostic imaging, medications, physical therapy and wrists braces. She was diagnosed with right trigger thumb, left thumb tendinitis, bilateral wrist neuritis and tendinitis, and a cervical spine strain. Electromyogram studies done on March 6, 2014 were unremarkable. Currently, in November, 2014, the injured worker complained of pain and stiffness to her neck radiating down the arms. She also complained of bilateral hand and wrist pain with swelling and radiation up into her forearm, numbness and tingling in her fingers and right thumb. On January 13, 2015, a request for a service of electromyogram/ Nerve Conduction Velocity of the bilateral upper extremities was modified to partial certification for Nerve Conduction Velocity by Utilization Review, noting California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the Bilateral Upper Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 182, 261, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Electrodiagnostic studies (EDS). Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Electrodiagnostic studies (EDS), Electromyography (EMG). Official Disability Guidelines (ODG) Pain (Chronic) Electrodiagnostic testing (EMG/NCS). American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) Recommended Policy for Electrodiagnostic Medicine [http://www.aanem.org/getmedia/6513fe50-8b94-4d12-b6a9-249aca7cdb92/Recommended\\_Policy\\_EDX\\_Medicine\\_062810.pdf.aspx](http://www.aanem.org/getmedia/6513fe50-8b94-4d12-b6a9-249aca7cdb92/Recommended_Policy_EDX_Medicine_062810.pdf.aspx).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints (Page 272) indicates that nerve conduction velocities (NCV) for median or ulnar impingement at the wrist is recommended. ACOEM 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints (Page 261) states that electrodiagnostic studies (EDS) may help differentiate between CTS carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. ACOEM 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Page 178) indicates that electromyography (EMG) and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both. EMG to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection is recommended (Page 182). Official Disability Guidelines (ODG) indicates that electrodiagnostic studies (EDS) is recommended in patients with clinical signs of CTS carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV). Nerve conduction studies (NCS) is recommended in patients with clinical signs of CTS carpal tunnel syndrome who may be candidates for surgery. Electromyography (EMG) is recommended in cases where diagnosis is difficult with nerve conduction studies (NCS). Needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS). Official Disability Guidelines (ODG) Pain (Chronic) indicates that electrodiagnostic testing (EMG/NCS) are recommended depending on indications. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms. American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) indicates that electrodiagnostic medicine (EDX) studies can provide information to identify normal and abnormal nerve, muscle, motor or sensory neuron, and neuromuscular junction functioning. The orthopedic report dated 11/21/14 documented that sensation was decreased in the median nerve distribution on the right side, as well as over bilateral C4, C5, C5 dermatomes. Right Tinel, Phalen, and Finkelstein tests were positive. The right hand demonstrated weakness. The orthopedic surgeon requested EMG and nerve conduction studies to evaluate cervical radiculopathy versus entrapment neuropathy of the upper

extremities. The request for EMG/NCV is supported by MTUS, ACOEM, AANEM, and ODG guidelines. Therefore, the request for EMG/NCV of bilateral upper extremities is medically necessary.