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| <b>Case Number:</b>   | CM15-0143917 |                              |            |
| <b>Date Assigned:</b> | 08/04/2015   | <b>Date of Injury:</b>       | 04/10/2013 |
| <b>Decision Date:</b> | 09/08/2015   | <b>UR Denial Date:</b>       | 06/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2015 |

### 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 54 year old female, who sustained an industrial injury on April 10, 2013. The injured worker was diagnosed as having status-post bilateral carpal tunnel release with residual or recurrent carpal tunnel syndrome, cervical strain-sprain with possible discopathy and bilateral trigger thumb release with residual symptoms. Treatment to date has included surgery, therapy, magnetic resonance imaging (MRI) and medication. A progress note dated June 9, 2015 provides the injured worker complains of headaches, neck stiffness, left forearm and bilateral wrist and hands with weakness of the upper extremity. She reports anxiety and depression resulting in a suicide attempt in August of 2014. Physical exam notes cervical tenderness to palpation with spasm and decreased range of motion (ROM). There is well healed surgical scarring bilaterally of the wrists and hands with tenderness to palpation, positive Tinel's and Phalen's test and decreased range of motion (ROM). There is bilateral decreased sensation of the upper extremity median nerve with decreased strength. Review of magnetic resonance imaging (MRI) studies reveals left wrist carpi ulnaris tendon tear and tenosynovitis and right tendinosis of carpi ulnaris tendon and possible recurrent carpal tunnel syndrome. The recommendation is for repeat carpal tunnel release. There is a request for electromyogram and nerve conduction study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (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 on 06/09/15 with unrated pain in the cervical spine, left forearm, bilateral wrists and hands, and associated weakness in the upper extremities. The patient's date of injury is 04/10/13. Patient is status post bilateral carpal tunnel release at a date unspecified. The request is for EMG BILATERAL UPPER EXTREMITY. The RFA is dated 06/10/15. Physical examination dated 06/09/15 reveals tenderness to palpation of the cervical paraspinal muscles with spasms noted and decreased range of motion. The provider notes a well healed surgical scarring bilaterally of the wrists and hands consistent with carpal tunnel release, tenderness to palpation of the wrists, positive Tinel's and Phalen's test and decreased range of motion bilaterally. The provider also notes decreased sensation of the upper extremity median nerve with decreased strength bilaterally. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the right wrist dated 02/27/15, significant findings include: "low grade intrasubstance tear of the extensor carpi ulnaris tendon centered at the level of the ulnar styloid on a background of moderate tendinosis with moderate tendosynovitis and surrounding soft tissue edema." Patient is currently classified as 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." In regard to an EMG study to be performed on the bilateral upper extremities, the request is appropriate. Progress note dated 06/09/15 notes positive Tinel's and Phalen's signs bilaterally, decreased upper extremity strength bilaterally, and decreased sensation consistent with median nerve compromise bilaterally. There is no evidence in the records provided that this patient has undergone any electrodiagnostic studies to date. Given this patient's significant surgical history, the persistence of her symptoms, and the evidence of continuing neurological compromise in the upper extremities, such a study is appropriate to fully assess the most appropriate improve this patient's course of care. Therefore, this request IS medically necessary.