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| Case Number: | CM15-0181572 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 11/14/2011 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

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, Hawaii
 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 55 year old female, who sustained an industrial injury on 11-14-2011. A review of the medical records indicates that the injured worker is undergoing treatment for status post bilateral carpal tunnel release with residual, possible bilateral overuse syndrome-bilateral wrist sprain-strain, cervical spine pain referred from bilateral carpal tunnel syndrome, and bilateral shoulder pain referred from bilateral carpal tunnel syndrome. On 8-26-2015, the injured worker reported increased bilateral wrist and hand pain and constant neck pain with on and off headaches with bilateral upper extremity pain. The Primary Treating Physician's report dated 8-26-2015, noted the injured worker rated her bilateral wrist and upper extremity pain as 4-8 out of 10, and her neck pain as 6-7 out of 10. The injured worker's bilateral upper extremity pain was noted to be associated with tingling, numbness, and weakness, left side more than right side. The injured worker's pain was noted to be limiting work, home, social, recreational, outdoor, and sexual activities. Examination of the bilateral wrists was noted to show bilateral positive carpal tunnel compression, positive Tinel's sign bilaterally, generalized tenderness over the bilateral wrists, with both wrists movements in normal range, mildly painful. Sensory examination and reflexes were all reported to be normal. The treating physician indicated that the injured worker underwent an electromyography (EMG) and nerve conduction study (NCS) of the upper extremities in 2013, with the report unavailable for his review, with a new electromyography (EMG) nerve conduction study (NCS) of the upper extremities on June 19, 2014, which was noted to show an abnormal nerve conduction study showing mild bilateral carpal tunnel syndrome with a normal electromyography. Prior treatments have included bilateral carpal tunnel

release, injections to the bilateral carpal tunnels with no relief noted, successful bilateral wrist median nerve blocks, at least 6-7 sessions of acupuncture without improvement noted, and medications including anti-inflammatories which were noted to have caused gastritis. A request for authorization was noted to request electromyography-nerve conduction velocity (EMG)-NCV) of the bilateral upper extremities. The Utilization Review (UR) dated 9-8-2015, non-certified the request for electromyography/nerve conduction velocity (EMG)-NCV) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve conduction velocity (EMG/NCV) of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation ODG, Carpal tunnel syndrome, Electrodiagnostic studies.

Decision rationale: The attending physician report dated 8/26/15 indicates the patient has worsening bilateral wrist pain and is status/post bilateral carpal tunnel release. The current request for consideration is electromyography/nerve conduction velocity (EMG/NCV) of the bilateral upper extremities. The ODG does recommend electrodiagnostic testing in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. In general, carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. Studies have not shown portable nerve conduction devices to be effective. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). In more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of carpal tunnel syndrome 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. ACOEM page 262 recommends electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical radiculopathy. Review of the records provided shows that a prior EMG/NCV was performed on June 19, 2014, which showed the patient had mild bilateral median sensory demyelinating neuropathy across the wrist (carpal tunnel) left greater than right. Records indicate the EMG was normal. In this case, the attending physician has noted worsening pain following carpal tunnel release surgery and the request to obtain results of EDS is justified by the ODG guidelines. The current request is medically necessary.