

<b>Case Number:</b>	CM15-0190183		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: 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:

The injured worker is a 66 year old male, who sustained an industrial injury on 5-10-2012. Medical records indicate the worker is undergoing treatment for carpal tunnel syndrome. A recent progress report dated 9-1-2015, reported the injured worker complained of increased pain in the bilateral wrists and is requesting bilateral carpal tunnel release. Physical examination revealed bilateral upper extremities decreased grip, decreased range of motion and positive Tinel's sign bilaterally. Electromyography (EMG) and nerve conduction study (NCS) from 9-7-2012 showed bilateral carpal tunnel syndrome. Treatment to date has included bilateral hand-wrist night splints and medication management. On 9-4-2015 the Request for Authorization requested bilateral upper extremities electromyography (EMG) and nerve conduction study (NCS). On 9-14-2015, the Utilization Review noncertified the request for bilateral upper extremities electromyography (EMG) and nerve conduction study (NCS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the left upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in

Workers Compensation, Chapter: Carpal Tunnel Syndrome (Acute & Chronic)  
Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. 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. Per guidelines, 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. In this case, documentation reveals that the injured worker has a diagnosis of Bilateral Carpal Tunnel Syndrome, confirmed by previous electrodiagnostic studies, with complains of persistent bilateral wrist pain and clinical signs consistent with the already established diagnosis. There is no report of clinical signs of cervical radiculopathy to establish the medical necessity for EMG testing. The request for EMG of the left upper extremity is not medically necessary per guidelines.

**EMG of the right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Chapter: Carpal Tunnel Syndrome (Acute & Chronic) Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. 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. Per guidelines, 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. In this case, documentation reveals that

the injured worker has a diagnosis of Bilateral Carpal Tunnel Syndrome, confirmed by previous electrodiagnostic studies, with complains of persistent bilateral wrist pain and clinical signs consistent with the already established diagnosis. There is no report of clinical signs of cervical radiculopathy to establish the medical necessity for EMG testing. The request for EMG of the right upper extremity is not medically necessary per guidelines.

**NCV of the left upper extremity:** Upheld

**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): Special Studies. 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 has a diagnosis of Bilateral Carpal Tunnel Syndrome, confirmed by previous electrodiagnostic studies, with complains of persistent bilateral wrist pain and clinical signs consistent with the already established diagnosis. Physician report fails to show progression of neurologic findings on physical examination to establish the medical necessity for repeat NCV. The request for NCV of the left upper extremity is not medically necessary per guidelines.

**NCV of the right upper extremity:** Upheld

**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): Special Studies. 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 that the injured worker has a diagnosis of Bilateral Carpal Tunnel Syndrome, confirmed by previous electrodiagnostic studies, with complains of persistent bilateral wrist pain and clinical signs consistent with the already established diagnosis. Physician report fails to show progression of neurologic findings on physical examination to establish the medical necessity for repeat NCV. The request for NCV of the right upper extremity is not medically necessary per guidelines.