

Case Number:	CM15-0200159		
Date Assigned:	10/15/2015	Date of Injury:	05/01/2014
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/12/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 49 year old female, who sustained an industrial injury on 05-01-2014. She has reported injury to the bilateral wrists and hands. The diagnoses have included bilateral carpal tunnel syndrome; bilateral lateral epicondylitis; cervicobrachial syndrome; status post right carpal tunnel release, on 03-02-2015; and status post left carpal tunnel release, on 04-06-2015. Treatment to date has included medications, bilateral upper extremity EMG/NCV diagnostics, injections, physical therapy, and surgical intervention. Medications have included Naproxen, Norco, and Tylenol. A progress report from the treating physician, dated 09-28-2015, documented an evaluation with the injured worker. The injured worker reported numbness and tingling primarily in the first through third digits, but occasionally in the fourth and fifth digits, with burning and aching pain in the forearms, lateral elbows, and upper arms radiating to the cervicobrachial region; and the pain is made worse with forceful gripping, grasping, lifting more than 5 pounds, and performing repetitive forceful motions-activities. Objective findings included there is lateral epicondylar tenderness present bilaterally; Tinel sign is positive over the carpal tunnels bilaterally; there is decreased sensation to light touch in the volar aspect of the first through fourth digits; and a meaningful motor exam is difficult to carry out secondary to guarding on the part of the injured worker. The treatment plan has included the request for bilateral upper extremities EMG (electromyography)-NCV (nerve conduction velocity) study. The original utilization review, dated 10-08-2015, non-certified the request for bilateral upper extremities EMG (electromyography)-NCV (nerve conduction velocity) study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremities EMG/NCV study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Physical Examination. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

Decision rationale: Regarding the request for Bilateral upper extremities EMG/NCV study, Occupational Medicine Practice Guidelines state that 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. ODG states EDS is recommended 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. It goes on to say electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). Within the documentation available for review, there are recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing such as a NCV would be indicated but not an EMG. Unfortunately, there is no provision to modify the current request. Additionally there is no mention that the patient is a candidate for a repeat surgery. As such, the currently requested bilateral upper extremities EMG/NCV study is not medically necessary.