

<b>Case Number:</b>	CM15-0203901		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female, who sustained an industrial injury on 5-31-11. The injured worker was diagnosed as having bilateral carpal tunnel syndrome; right elbow surgery with residuals. Treatment to date has included status post left endoscopic carpal tunnel release-right elbow ulnar nerve decompression; physical therapy; medications. Diagnostics studies included EMG-NCV bilateral upper extremities-cervical muscles (7-17-14). Currently, the PR-2 notes dated 9-28-15 indicated the injured worker complains of some weakness in the right hand and numbness and tingling in the right middle and ring fingers. She is a status post right elbow ulnar nerve decompression. On physical examination the provider notes "Tinel's positive at the median nerve right wrist. Mild ulnar intrinsic weakness right hand. Interosseous muscles. Full range of motion in all digits right hand, wrist, and elbow. Sensory and motor exam intact. Grip on the right is 20; left is 20". The provider's treatment plan if a request for the QME report; a short-term night splint when sleeping and electrodiagnostic testing for the bilateral extremities. A PR-2 notes dated 5-4-15 notes the injured worker is two and a half months status post left endoscopic carpal tunnel release-right elbow ulnar nerve decompression. On physical examination for this date, the provider documents "Tinel's positive median and ulnar nerves right wrist. Tinel's negative at the median nerve left wrist. Sensory and motor intact bilaterally. Full range of motion in all digits both hands and right wrist. Left wrist flexion 60 extension 70. Grip right 50 and left 30. The provider is re-requesting a right open carpal tunnel release and ulnar nerve decompression right wrist. He will re-evaluate in 6 weeks but to continue therapy 3 x weeks for 4 weeks for the left. An EMG-NCV of the upper extremities and cervical paraspinal

muscles was done on 7-17-14. The summary noted for NCS-The distal latencies and conduction velocities in all the tested nerves were within normal limited except for delay in distal latencies and conduction velocity left median SNAP and delay in conduction velocity of right ulnar CMAP and SNAP. EMG-normal. A Request for Authorization is dated 10-7-15. A Utilization Review letter is dated 10-6-15 and non-certification for EMG/NCV of the bilateral upper extremities. A request for authorization has been received for 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:

#### **EMG/NCV of the bilateral upper extremities Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Harris J. Occupational medicine practice guidelines, 2nd edition (2004) p 268-269.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Dumitru, Daniel. Electrodiagnostic Medicine. Philadelphia: Hanley & Belfus, 2002. Print.

**Decision rationale:** EMG/NCV of the bilateral upper extremities Qty: 1 is not medically necessary per the MTUS Guidelines and a review of the literature. The MTUS ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between 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. Surgery will not relieve any symptoms from cervical radiculopathy (double crush syndrome). According to [REDACTED] in the text Electrodiagnostic Medicine some patients continue to display altered neural conduction studies despite having surgery. If latency across the carpal tunnel is present the delay may be from recurrent median neuropathy; residual from prior neuropathy or a combination. The patient history, physical examination, and electrophysiologic findings must be combined to make an educated diagnostic opinion. Dumitru furthermore states that the value of needle examination in patients with carpal tunnel syndrome is detecting additional lesions at a proximal level that may be coexistent with carpal tunnel syndrome. In particular, a C6-C7 radiculopathy may be present. Up to 11% of patients with carpal tunnel syndrome have a concomitant double crush syndrome. Furthermore, the text states that it is not uncommon for a patient to have their carpal tunnel treated only to have continued symptoms in the appropriate hand. This may prompt unnecessary surgery. The needle EMG is capable of diagnosing both carpal tunnel syndrome and a cervical radiculopathy. Additionally, a review of surgical literature reveals that only a small number of patients present with recurrent symptoms. The documentation indicates that the patient has had carpal tunnel release bilaterally and right elbow surgery and continues to have symptoms. The documentation indicates that the sensory and motor exam is intact bilaterally. The literature reveals that it is not uncommon for patients to have continued symptoms post carpal tunnel release, which prompts unnecessary surgery. It is not clear whether the patient's symptoms are stemming from the cervical region, however at this point there are no cervical symptoms that warrant an electrodiagnostic study. For these reasons, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.