

Case Number:	CM15-0210095		
Date Assigned:	10/29/2015	Date of Injury:	04/15/2013
Decision Date:	12/10/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/26/2015

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 32 year old female with an industrial injury dated 04-15-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post right endoscopic carpal tunnel release, rule out cervical radiculopathy, left carpal tunnel syndrome and left cubital tunnel syndrome. In a progress report dated 07-06-2015, the injured worker reported decreased numbness and tingling since the surgery. However, she continues to have some tingling from the right forearm to the hand. The injured worker reported increased swelling in the right hand and mild discomfort in the right hand. Physical exam (07-06-2015) revealed well-healed surgical scar of right wrist bilaterally intact sensory and motor exam, and full range of motion in bilateral hands and wrist. Negative Tinel's sign of bilateral wrist and hands was also noted on exam. According to the progress note dated 09-14-2015, the injured worker presented for reevaluation. The injured worker was eight-month status post right endoscopic carpal tunnel release (ECTR). There was no further numbness and tingling in the right. The injured worker reported numbness and tingling in the left and pain from the left hand to the elbow. The injured worker also has tightness in the right hand and wrist. Objective findings (09-14-2015) revealed mild tenderness at the flexor carpi ulnaris at the volar ulnar tendon, at the volar ulnar aspect of the right wrist, full range of motion in all digits both hand , wrists, and elbows,. Sensory and motor exam were intact. There was positive Tinel's at the ulnar nerve of left elbow. Electromyography (EMG) and nerve conduction studies (NCS) on 10-08-2013 revealed moderate right carpal tunnel syndrome. Treatment has included Electromyography (EMG) and nerve conduction studies (NCS) on 10-08-2013, endoscopic carpal tunnel release

(ECTR) on the right, and periodic follow up visits. The injured worker is on modified work duties. The utilization review dated 09-22-2015, modified the request for nerve conduction velocity (NCV) of left upper extremity (original: Electromyography and nerve conduction velocity of bilateral upper extremity).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Upper Extremities:
Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - EMG (electromyography); NCS (nerve conduction study).

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) Neck and upper back (acute and chronic) Chapter under EMG.

Decision rationale: The current request is for an EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Upper Extremities. Treatment has included Electromyography (EMG) and nerve conduction studies (NCS) on 10/08/13, endoscopic carpal tunnel release (ECTR) on the right, physical therapy and medications. 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." ODG Guidelines, Neck and upper back (acute and chronic) Chapter under EMG states "recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome: recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary." Per report 09/14/15, the patient is eight month status post right endoscopic carpal tunnel release (ECTR). There was no further numbness and tingling in the right. However, the patient reported numbness and tingling in the left and pain from the left hand to the elbow. Objective findings revealed mild tenderness at the volar ulnar aspect of the right wrist, full range of motion in all digits in both hands, wrists, and elbows. Sensory and motor exam were intact. There was positive Tinel's at the ulnar nerve of left elbow. Electromyography (EMG) and nerve conduction studies (NCS) on 10/08/13 revealed moderate right carpal tunnel syndrome. The treater is requesting a repeat EMG/NVC study. ACOEM guidelines recommend electrodiagnostic studies to help differentiate between CTS and other conditions such as cervical radiculopathy. In this case, the patient presents with new symptoms on the left, with numbness and tingling and a positive Tinel's sign. Given the patient's radicular symptoms, an EMG/NCV for further investigation is reasonable. Therefore, this request is medically necessary.