Case Number:	CM15-0047810		
Date Assigned:	03/19/2015	**Date of Injury:**	06/05/2014
Decision Date:	04/24/2015	**UR Denial Date:**	03/02/2015
Priority:	Standard	**Application Received:**	03/13/2015

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 50 year old female, who sustained an industrial injury on 6/5/2014. She has reported left wrist pain. She is status post left carpal tunnel release and left middle finger trigger release on 9/10/14. The diagnoses have included status post left third digit trigger release and status post-unsuccessful left carpal tunnel release. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, chiropractic/physiotherapy, and trigger finger injection. Currently, the IW complains of continued pain in the left wrist and hand as well as the left third digit. The physical examination from 2/5/15 documented decreased extension of the left third digit and left wrist Range of Motion (ROM) restriction. The plan of care included continued physical therapy and electromyogram and nerve conduction studies of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Electrodiagnostic Medicine, 2e Hardcover September 18, 2001 by Daniel Dumitru MD PhD (Author), Anthony A. Amato MD (Author), Machiel Zwarts MD PhD.

Decision rationale: Electromyography (EMG) left upper extremity is medically necessary. 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). Likewise, diabetic patients with peripheral neuropathy cannot expect full recovery and total abatement of symptoms after nerve decompression. The documentation indicates that the patient is status post left carpal tunnel release in Sept. 2014 and still has symptoms in the median distribution of the hand despite having undergone surgery. According to Daniel Dumitru 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 hand 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 and continues to have symptoms. The documentation indicates that the patient is having wrist pain and left third digit pain. These symptoms can be referred from the cervical spine, with the middle finger suggestive of C7 radicular symptoms. It would be pruden to ensure that there are no additional conditions causing the patient's symptoms with complete electrodiagnostic testing including not just the nerve conduction studies alone but the EMG study as well. Therefore, EMG of the left upper extremity is medically necessary.

Nerve conduction velocity (NCV) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Nerve conduction velocity (NCV) right upper extremity is not medically necessary per the MTUS Guidelines. The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four

weeks. The documentation does not indicate that the patient has right arm symptoms therefore this request is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: EMG right upper extremity is not medically necessary per the MTUS Guidelines. The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation does not indicate that the patient has right arm symptoms therefore this request is not medically necessary.