

Case Number:	CM15-0071077		
Date Assigned:	04/21/2015	Date of Injury:	03/08/2011
Decision Date:	08/28/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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 33-year-old female, who sustained an industrial injury on 3/8/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included occupational therapy, physical therapy, injections and medication management. In a progress note dated 3/13/2015, the injured worker complains of right wrist pain. Physical examination showed restricted range of motion and positive Tinel's sign. The treating physician is requesting electromyography (EMG)/nerve conduction study (NCS) of the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11 - 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with RIGHT wrist pain. The patient is status post RIGHT carpal tunnel release 11/12/14, per 11/17/15 report, and LEFT carpal tunnel release 2013, per 10/20/14 report. The request is for EMG OF THE RIGHT WRIST. RFA dated 03/13/15 provided. Patient's diagnosis on 03/13/15 includes carpal tunnel syndrome and other postsurgical status. Physical examination on 03/13/15 revealed restricted range of motion and positive Tinel's sign. Treatment to date has included surgery, electrodiagnostic studies, occupational therapy, physical therapy, injections and medications. Patient's medications include Tramadol and Naprosyn. The patient is off-work, per 03/13/15 report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." 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." Treater has not provided reason for the request. Treater states under Objective findings of 10/17/14 report "positive Tinel and EMG negative." Per 11/17/14 orthopedic follow up evaluation, diagnosis was "stable status post right carpal tunnel release...preoperative tingling has resolved." Per 03/13/15 report, treater states "Repeat EMG NCS." The patient continues with pain to RIGHT wrist. There is no indication patient had postoperative EMG of the RIGHT upper extremity. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

NCV of the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11 - 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with RIGHT wrist pain. The patient is status post RIGHT carpal tunnel release 11/12/14, per 11/17/15 report, and LEFT carpal tunnel release 2013, per 10/20/14 report. The request is for NCV OF THE RIGHT WRIST. RFA dated 03/13/15 provided. Patient's diagnosis on 03/13/15 includes carpal tunnel syndrome and other postsurgical status. Physical examination on 03/13/15 revealed restricted range of motion and positive Tinel's sign. Treatment to date has included surgery, electrodiagnostic studies, occupational therapy, physical therapy, injections and medications. Patient's medications include Tramadol and Naprosyn. The patient is off-work, per 03/13/15 report. 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." Treater has not provided reason for the request. Treater states under Objective findings of 10/17/14 report "positive Tinel and EMG negative." Per 11/17/14 orthopedic follow up evaluation, diagnosis was "stable status post right carpal tunnel

release...preoperative tingling has resolved." Per 03/13/15 report, treater states "Repeat EMG NCS." The patient continues with pain to RIGHT wrist. There is no indication patient had postoperative NCV of the RIGHT upper extremity. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

EMG of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11 - 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262, 303.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with RIGHT wrist pain. The patient is status post RIGHT carpal tunnel release 11/12/14, per 11/17/15 report, and LEFT carpal tunnel release 2013, per 10/20/14 report. The request is for EMG OF THE LEFT WRIST. RFA dated 03/13/15 provided. Patient's diagnosis on 03/13/15 includes carpal tunnel syndrome and other postsurgical status. Physical examination on 03/13/15 revealed restricted range of motion and positive Tinel's sign. Treatment to date has included surgery, electrodiagnostic studies, occupational therapy, physical therapy, injections and medications. Patient's medications include Tramadol and Naprosyn. The patient is off-work, per 03/13/15 report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." 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." Treater has not provided reason for the request. Treater states under Objective findings of 10/17/14 report "positive Tinnel and EMG negative." Per 11/17/14 orthopedic follow up evaluation, diagnosis was "stable status post right carpal tunnel release...preoperative tingling has resolved." Per 03/13/15 report, treater states "Repeat EMG NCS." It appears that patient already had postoperative EMG to LEFT upper extremity. Currently, the patient continues with pain to RIGHT wrist. Given that the patient does not have symptoms to the LEFT upper extremity, repeat EMG of the LEFT wrist does not appear reasonable. Therefore, the request IS NOT medically necessary.

NCV of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11 - 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with RIGHT wrist pain. The patient is status post RIGHT carpal tunnel release 11/12/14, per 11/17/15 report, and LEFT carpal tunnel release 2013, per 10/20/14 report. The request is for NCV OF THE LEFT WRIST. RFA dated 03/13/15 provided. Patient's diagnosis

on 03/13/15 includes carpal tunnel syndrome and other postsurgical status. Physical examination on 03/13/15 revealed restricted range of motion and positive Tinel's sign. Treatment to date has included surgery, electrodiagnostic studies, occupational therapy, physical therapy, injections and medications. Patient's medications include Tramadol and Naprosyn. The patient is off-work, per 03/13/15 report. 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." Treater has not provided reason for the request. Treater states under Objective findings of 10/17/14 report "positive Tinnel and EMG negative." Per 11/17/14 orthopedic follow up evaluation, diagnosis was "stable status post right carpal tunnel release...preoperative tingling has resolved." Per 03/13/15 report, treater states "Repeat EMG NCS." It appears that patient already had postoperative NCV to LEFT upper extremity. Currently, the patient continues with pain to RIGHT wrist. Given that the patient does not have symptoms to the LEFT upper extremity, a repeat NCV of the LEFT wrist does not appear reasonable. Therefore, the request IS NOT medically necessary.