

<b>Case Number:</b>	CM14-0119402		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 22-year-old male who was reportedly injured on 10/20/2013. The mechanism of injury is listed as sustaining a bilateral wrist strain while working as a cutting operator. The injured worker developed numbness and tingling in both hands. There is numbness and tingling in the radial three digits of both hands with pain at the dorsal aspect of the right wrist and right proximal forearm. Relief was provided after injections but symptoms came back stronger according to the injured worker. Braces have been worn on both wrists. Tinel's testing is positive median nerve of both wrists. Phalen's testing is positive bilaterally. Negative at the ulnar nerve of both elbows and wrists. X-rays were negative. Electrodiagnostic testing dated 11/27/2013 revealed mild carpal tunnel syndrome. Diagnosis is bilateral carpal tunnel syndrome. Medications included Voltaren gel and Protonix. A request was made for Electromyogram Right Upper Extremity Qty: 1.00, Electromyogram Left Upper Extremities Qty: 1.00, Nerve Conduction Study Right Upper Extremity Qty: 1.00, Nerve Conduction Study Left Upper Extremity Qty: 1.00 and was deemed not medically necessary on 07/20/2014. The injured worker is a 22-year-old male who was reportedly injured on 10/20/2013. The mechanism of injury is listed as sustaining a bilateral wrist strain while working as a cutting operator. The injured worker developed numbness and tingling in both hands. There is numbness and tingling in the radial three digits of both hands with pain at the dorsal aspect of the right wrist and right proximal forearm. Relief was provided after injections but symptoms came back stronger according to the injured worker. Braces have been worn on both wrists. Tinel's testing is positive median nerve of both wrists. Phalen's testing is positive bilaterally. Negative at the ulnar nerve of both elbows and wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Right Upper Extremity qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, and Electrodiagnostic Studies (EDS)

**Decision rationale:** EMG are rarely necessary to establish the diagnosis of median nerve neuropathy/ carpal tunnel syndrome. The claimant has had previous EMG, which revealed mild carpal tunnel syndrome. The claimant has temporary resolution of symptoms only to have them return even stronger. The diagnosis correlates with the clinical exam and is verified by the electrodiagnostics of 11/27/13. There is no necessity to repeat the electrodiagnostic testing. This request remains not medically necessary.

**EMG Left Upper Extremities qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, and Electrodiagnostic Studies (EDS)

**Decision rationale:** EMG is rarely necessary to establish the diagnosis of median nerve neuropathy/ carpal tunnel syndrome. The claimant has had previous EMG, which revealed mild carpal tunnel syndrome. The claimant has temporary resolution of symptoms only to have them return even stronger. The diagnosis correlates with the clinical exam and is verified by the electrodiagnostics of 11/27/13. There is no necessity to repeat the electrodiagnostic testing. This request remains not medically necessary.

**NCS Right Upper Extremity qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, and Electrodiagnostic Studies (EDS)

**Decision rationale:** NCV are used to establish the diagnosis of median nerve neuropathy/ carpal tunnel syndrome. The claimant has had previous NCV on 11/27/13, which revealed mild carpal tunnel syndrome. The claimant has temporary resolution of symptoms only to have them return even stronger. The diagnosis correlates with the clinical exam and is verified by the electrodiagnostics of 11/27/13. There is no necessity to repeat the electrodiagnostic testing. This request remains not medically necessary.

**NCS Left Upper Extremity qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Guidelines, Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, and Electrodiagnostic Studies (EDS)

**Decision rationale:** NCV are used to establish the diagnosis of median nerve neuropathy/ carpal tunnel syndrome. The claimant has had previous NCV on 11/27/13, which revealed mild carpal tunnel syndrome. The claimant has temporary resolution of symptoms only to have them return even stronger. The diagnosis correlates with the clinical exam and is verified by the electrodiagnostics of 11/27/13. There is no necessity to repeat the electrodiagnostic testing. This request remains not medically necessary.