Case Number:	CM14-0124165		
Date Assigned:	08/08/2014	**Date of Injury:**	04/24/2014
Decision Date:	10/08/2014	**UR Denial Date:**	07/08/2014
Priority:	Standard	**Application Received:**	08/06/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 41-year-old male who has submitted a claim for Pain in joint, hand associated with an industrial injury date of April 24, 2014.Medical records from 2014 were reviewed, which showed that the patient complained of paresthesias and numbness about the palm and first three digits as well as progressive weakness of grip. Examination of the left hand revealed absence of tenderness, full ROM, some weakness in grip (compared to the right, although the patient is right-handed) and grossly intact neurological examination. According to the patient, he had electrodiagnostic studies in October 2013, which suggested that he had carpal tunnel syndrome but its documentation is not present in the provided records.Treatment to date is not mentioned by the provided records.Utilization review from July 8, 2014 denied the request for EMG Left wrist and NCV Left wrist because the guidelines do not support repetition of electrodiagnostic testing if earlier testing is negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): page 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electromyography

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, an EMG/NCV study was requested "to see what percentage of the patient's symptoms are being contributed by the peripheral nerve versus any link to the central or cervical radiculopathy which would be not part of this claim but the old claim." A nerve conduction study was done in October according to the patient that showed that he has carpal tunnel syndrome. Based on these, it is unclear what previous affliction of the upper extremity that the patient had that prompted the prior electrodiagnostic studies. The physical examination provided do not demonstrate any neurologic deficit. Grip strength of the left hand was reported to be weaker than the right but this was not quantified. Grip strength of the non-dominant hand may naturally be weaker than the dominant hand. Moreover, there is no documentation that conservative treatment had been tried by the patient already. Because the patient has no objective sign of a cervical radiculopathy, and no sign of conservative treatment done, therefore, the request for EMG Left wrist is not medically necessary.

NCV Left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): page 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies.In this case, an EMG/NCV study was requested "to see what percentage of the patient's symptoms are being contributed by the peripheral nerve versus any link to the central or cervical radiculopathy which would be not part of this claim but the old claim." A nerve conduction study was done in October according to the patient that showed that

he has carpal tunnel syndrome. Based on these, it is unclear what previous affliction of the upper extremity that the patient had that prompted the prior electrodiagnostic studies. The physical examination provided does not demonstrate any neurologic deficit. Grip strength of the left hand was reported to be weaker than the right but this was not quantified. Grip strength of the non-dominant hand may naturally be weaker than the dominant hand. Moreover, there is no documentation that conservative treatment had been tried by the patient already. Because the patient has no objective sign of nerve entrapment, and no sign of conservative treatment done, therefore, the request for NCV Left wrist is not medically necessary.