

Case Number:	CM14-0161240		
Date Assigned:	10/06/2014	Date of Injury:	12/20/2010
Decision Date:	12/17/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 34 year-old female with a date of injury of December 20, 2010. The patient's industrially related diagnoses include right carpal tunnel syndrome and status post left carpal tunnel release in 9/2012. The disputed issues are EMG of left and right upper extremities and NCS of left and right upper extremities. A utilization review determination on 9/18/2014 had non-certified these requests. The stated rationale for the denial of EMG/NCS of bilateral upper extremities was: "The guidelines state that NCS are recommended in patients with clinical signs of CTS. The only pertinent finding is the positive Tinel. Phalen's test was reported as negative positive. NCV for median nerve impingement at the wrists is recommended after failure of conservative treatment. There is no documentation of conservative treatments for the right wrist and postoperatively for the left. The results of the previous bilateral EMG and NCS studies were not provided. Clinical findings do not suggest radiculopathy to warrant EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Upper Extremity: 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 Treatment in Workers' Compensation, Online Edition Chapter: Carpal Tunnel Syndrome (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography

Decision rationale: In regard to the request of EMG/NCS of bilateral upper extremities, ACOEM Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms (D)." The ACOEM guidelines on page 261 state that 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. In the submitted medical records available for review, there was documentation that the injured worker was diagnosed with right carpal tunnel syndrome and status post left carpal tunnel release with persistent pain. The treating physician recommended repeating the bilateral upper extremity electromyography and nerve conduction studies to further delineate the injured worker's pain and paresthesias. However, the previous EMG/NCS results were not available for review and there was no indication that the injured worker's current symptoms have changed or worsened since then. Furthermore, there was no documentation indicating failure of conservative treatment as recommended by the guidelines. In the absence of such documentation, the medical necessity for the currently requested EMG of the left upper extremity cannot be established.

NCS Left Upper Extremity: 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 Treatment in Workers' Compensation, Online Edition Chapter: Carpal Tunnel Syndrome (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography

Decision rationale: In regard to the request of EMG/NCS of bilateral upper extremities, ACOEM Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms (D)." The ACOEM guidelines on page 261 state that 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. In the submitted medical records available for review, there was documentation that the injured worker was diagnosed with right carpal tunnel syndrome and status post left carpal tunnel release with persistent pain. The treating physician recommended repeating the bilateral upper extremity electromyography and nerve conduction studies to further delineate the injured worker's pain and paresthesias. However, the previous EMG/NCS results were not available for review and there was no indication that the injured worker's current symptoms have changed or worsened since then. Furthermore, there was no documentation indicating failure of conservative treatment as recommended by the guidelines. In the absence of such documentation, the medical necessity for the currently requested NCS of the left upper extremity cannot be established.

NCS Right Upper Extremity: 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 Treatment in Workers' Compensation, Online Edition Chapter: Carpal Tunnel Syndrome (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography

Decision rationale: In regard to the request of EMG/NCS of bilateral upper extremities, ACOEM Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms (D)." The ACOEM guidelines on page 261 state that 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. In the submitted medical records available for review, there was documentation that the injured worker was diagnosed with right carpal tunnel syndrome and status post left carpal tunnel release with persistent pain. The treating physician recommended repeating the bilateral upper extremity electromyography and nerve conduction studies to further delineate the injured worker's pain and paresthesias. However, the previous EMG/NCS results were not available for review and there was no indication that the injured worker's current symptoms have changed or worsened since then. Furthermore, there was no documentation indicating failure of conservative treatment as recommended by the guidelines. In the absence of such documentation, the medical necessity for the currently requested NCS of the right upper extremity cannot be established.

EMG Right Upper Extremity: 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 Treatment in Workers' Compensation, Online Edition Chapter: Carpal Tunnel Syndrome (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography

Decision rationale: In regard to the request of EMG/NCS of bilateral upper extremities, ACOEM Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms (D)." The ACOEM guidelines on page 261 state that 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. In the submitted medical records available for review, there was documentation that the injured worker was diagnosed with right carpal tunnel syndrome and status post left carpal tunnel release with persistent pain. The treating physician recommended repeating the bilateral upper extremity electromyography and nerve conduction studies to further delineate the injured worker's pain and paresthesias. However, the previous EMG/NCS results were not available for review and there was no indication that the injured worker's current symptoms have changed or worsened since then. Furthermore, there was no documentation indicating failure of conservative treatment as recommended by the guidelines. In the absence of such documentation, the medical necessity for the currently requested EMG of the right upper extremity cannot be established.