

<b>Case Number:</b>	CM14-0166626		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Internal Medicine, has a subspecialty in Emergency 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 46-year-old woman with a date of injury of March 29, 2014. The mechanism of injury is not described in this medical record. Pursuant to the treating physicians first report dated August 29, 2014, the IW complains of pain in wrists and arms (R) > (L) and numbness middle three digits in both hands. Objective findings include tenderness in bilateral wrists, + Tinel's (R) > (L); + Tinel's at cubital fossa. Her symptoms have been present for over 5 months. She was given the diagnosis of bilateral carpal tunnel syndrome, and right cubital tunnel syndrome. EMG/NCV of bilateral upper extremities has been requested to delineate the severity of the carpal tunnel and cubital tunnel syndrome. There is no mention of denervation atrophy, cervical diagnosis, prior electrodiagnostic testing, or failed trial of conservative therapy. There are no red flags or surgical plan. There are no x-rays or laboratory results to report. On August 29, 2014, the IW was prescribed Naprosyn 550mg 1 tablet orally BID, #60 which was prescribed in house. Work modifications include no repetitive power grasping, gripping, torqueing, or typing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV:** Upheld

**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 to 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal Tunnel Syndrome, NCV/ EMG

**Decision rationale:** Pursuant to the ACOEM guidelines (second edition, forearm wrist and hand section, pages 261 to 262) the nerve conduction study/electromyogram is not medically necessary. The guidelines indicate appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. Electrodiagnostic studies include nerve conduction studies and more difficult cases may require electromyogram. The guidelines in table 11.7 indicate nerve conduction studies are recommended after failure of conservative treatment. Routine nerve conduction studies and electromyograms to confirm the diagnosis of nerve entrapment or screening is not recommended. The Official Disability Guidelines recommend electrodiagnostic studies in patients with clinical signs of carpal tunnel syndrome may be candidates for surgery. Nerve conduction velocity studies are appropriate but electromyograms are generally not necessary. In general, carpal tunnel syndrome should be diagnosed with positive findings on clinical examination and then supported by electrodiagnostic studies before surgery is undertaken. In this case, the medical record was limited. The injured worker has symptoms over 5 months. There were no neurologic findings on physical examination and there was no denervation atrophy. There was no documentation regarding a trial of conservative therapy in the medical record. Naprosyn was first prescribed on the August 29, 2014 visit (approximately 5 months after the purported date of injury). There were no cervical radicular symptoms and there was no mention of a cervical related diagnosis. The record reflects there was concern for carpal tunnel syndrome and cubital tunnel but there were no red flags and no surgical plan. After a failed period of conservative treatment nerve conduction studies may be reconsidered after a failed period of conservative therapy. There were no radicular symptoms and, consequently, EMGs are not clinically indicated. Based on the clinical information in the medical record and the peer reviewed, evidence based guidelines, the NCV/EMGs are not medically necessary.