

<b>Case Number:</b>	CM15-0116666		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	11/27/2011
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 (IW) is a 46-year-old male who sustained an industrial injury on 11/27/2011. Diagnoses include postop carpal tunnel release left wrist with median nerve neuropathy; carpal tunnel syndrome right wrist; carpal swelling right wrist; wrist ankylosis, left wrist; and bilateral epicondylitis. Treatment to date has included medications, bracing, surgery, physical and occupational therapy and psychotherapy. EMG/NCV testing of the bilateral upper extremities done on 10/6/14 found evidence of severe bilateral carpal tunnel syndrome, worse on the right. Testing done on 6/12/13 showed severe left carpal tunnel syndrome. MRI of the left wrist on 7/11/14 showed neutral ulnar variance with ulnotriquetral impaction; subtle tear of the triangular cartilage complex; minimal fluid in the pisotriquetral and ulnotriquetral joint spaces; and a small subchondral cyst in the lunate and scaphoid. According to the progress notes dated 5/15/15, the IW reported right wrist pain, swelling, weakness and inability to dorsiflex the wrist. He also reported left wrist stiffness, numbness and inability to flex the wrist past the neutral position. On examination, bilateral epicondylitis was noted. Tinel's and Phalen's signs were positive on the right as well as reverse Phalen's sign. Weakness and paresthesia was present and there was a swelling resembling a ganglion cyst. Dorsiflexion and palmar flexion was difficult. Dorsiflexion of the bilateral wrists was 50 degrees; palmar flexion of the left wrist was 0 degrees. Range of motion was otherwise normal. Grip strength was 35, 30, 20 on the right and 50, 45, 45 on the left. Pulses were normal bilaterally. A request was made for electromyography/nerve conduction velocity (EMG/NCV) testing of the left upper extremity. The notes from 5/15/15 indicated the provider's request was for bilateral upper extremity EMG/NCV studies for the purpose of

determining if carpal tunnel syndrome is present on the right and if there is residual median nerve neuropathy on the left.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCV of the left upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The patient has established diagnosis of CTS by two previous EMG/NCV on 6/12/13 with severe CTS and on 10/6/14 again with severe CTS and continues to treat without functional benefit. Additionally, current submitted reports have not adequately demonstrated any change in chronic symptoms and clinical findings of neurological deficits suggestive of deterioration. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms or progressive deterioration in clinical findings to support repeating the electrodiagnostic study for the third time. There are not radicular symptoms or MRI showing stenosis or nerve impingement to support for the EMG. Therefore, this request for EMG/NCV of the left upper extremity is not medically necessary and appropriate.