

<b>Case Number:</b>	CM15-0124256		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 79 year old female sustained an industrial injury to bilateral wrists and neck on 8/9/13. The injured worker underwent right carpal tunnel release on 5/28/14. The injured worker received postoperative physical therapy. Recent treatment consisted of chiropractic therapy and medications. In an orthopedic follow-up note dated 5/4/15, the injured worker complained of ongoing right wrist pain, weakness and numbness. Physical exam was remarkable for right wrist with decreased range of motion, decreased grip strength and positive Tinel's and Phalen's signs. Current diagnoses included right carpal tunnel syndrome status post carpal tunnel release with postoperative residual complaints. The treatment plan included repeat electromyography/nerve conduction velocity test right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Right Upper Extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the injured worker has had an EMG/NCV previously in 2013 along with an MRI of the cervical spine and wrist, which revealed carpal tunnel syndrome of the right wrist. She underwent carpal tunnel release on 5/28/14 and in an orthopedic follow-up note dated 5/4/15, the injured worker complained of ongoing right wrist pain, weakness and numbness. Physical exam revealed decreased range of motion, decreased grip strength and positive Tinel's and Phalen's signs. The physician recommends the injured worker undergo an EMG and NCV for the bilateral upper extremities to determine if carpal tunnel syndrome was resolved from surgery. The injured worker continues to have neurovascular symptoms in the right wrist a year after carpal tunnel release and the exam of the right wrist is positive, therefore, the request for EMG right upper extremity is determined to be medically necessary.

**NCS Right Upper Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/Nerve Conduction Studies (NCS) Section.

**Decision rationale:** The MTUS Guidelines address the use of NCS in detection of neurological abnormalities at the elbow and wrist, but for cervical radiculopathy it recommends the use of EMG and NCV to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The ODG does not recommend the use of NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCS when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. In this case, there is no indication for NCS as the injured worker is already known to have symptoms of radiculopathy and the request for EMG is supported. The request for NCS right upper extremity is determined to not be medically necessary.