

<b>Case Number:</b>	CM15-0037960		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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:

This 62-year-old male sustained an industrial injury on 5/12/09. He subsequently reports ongoing bilateral hand and wrist pain. Diagnoses include de quervain syndrome and tendonitis. Treatments to date have included prescription pain medications. On 2/4/15, Utilization Review non-certified a request for EMG/NCV bilateral upper extremities and Retro (DOS 12/11/14): X-ray (both thumbs) x 4 views.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal Tunnel Syndrome Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303, 262.

**Decision rationale:** The 62-year-old patient complains of bilateral wrist pain and left thumb pain, rated 6-7/10, as per progress report dated 12/11/14. The request is for EMG/NCV BILATERAL UPPER EXTREMITIES. The RFA for the case is dated 12/11/14, and the patient's date of injury is 05/12/09. Diagnoses, as per progress report dated 12/11/14, included bilateral carpal tunnel syndrome, bilateral thumb sprain, CMC degenerative joint disease, and bilateral wrist tendinitis. The patient has returned to modified work, as per the same progress report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter do not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "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 if symptoms persist." In this case, the patient has undergone EMG/NCV of bilateral upper extremities on 10/17/13, as per progress report dated 12/11/14, which revealed bilateral carpal tunnel syndrome. The current request for an updated EMG/NCV is to "evaluate bilateral hand pain" before determining future treatment. The guidelines support repeat studies only when the original EMG/NCV is normal. However, in this case, a diagnosis for CTS is noted, hence the request IS NOT medically necessary.

**Retro (DOS 12/11/14): X-ray (both thumbs) x 4 views:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for Imaging, X-rays.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist & Hand (Acute & Chronic) chapter, Radiography.

**Decision rationale:** The 62-year-old patient complains of bilateral wrist pain and left thumb pain, rated 6-7/10, as per progress report dated 12/11/14. The request is for RETRO (DOS 12/11/14) X-RAY (BOTH THUMBS) X4 VIEWS. The RFA for the case is dated 12/11/14, and the patient's date of injury is 05/12/09. Diagnoses, as per progress report dated 12/11/14, included bilateral carpal tunnel syndrome, bilateral thumb sprain, CMC degenerative joint disease, and bilateral wrist tendinitis. The patient has returned to modified work, as per the same progress report. ODG guidelines, chapter 'Forearm, Wrist & Hand (Acute & Chronic)' and topic 'Radiography', recommend x-rays. "For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon." In this case, the patient suffers from chronic pain in thumb. In progress report dated 08/01/14, the treating physician is requesting for bilateral x-rays to "to rule in/out the following: bilateral basal joint arthritis with traumatic component f 20+ years of work: Left worse than right now to evaluating comparison to the examination." ODG

guidelines also support radiographic studies in-patient with traumatic injuries. Hence, the request IS medically necessary.