

<b>Case Number:</b>	CM15-0064747		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

### 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 58-year-old male who sustained an industrial injury on 10/15/10. Injury occurred when he was pushing a medium-sized truck. Past surgical history was positive for laminectomy with medial facetectomy and foraminotomy at L4, L5, and S1 on 5/8/06. Past medical history was positive for cardiovascular disease with hypertension and stent placement, and Type II diabetes mellitus. The 1/21/15 physical therapy note documented completion of 5 visits for the hands. Current complaints included intermittent grade 1-6/10 pain and numbness in both hands with difficulty gripping, pushing and pulling. Physical exam documented normal elbow and wrist range of motion bilaterally. He was able to fully close both hands into fists and fully extend all digits. There was no reproduction of symptoms. There was 5/5 right upper extremity strength, and 4 to 4+/5 global left upper extremity strength. Grip strength was 100 pounds right and 90 pounds left. There was mild bilateral wrist joint mobility restriction with mild tenderness with joint testing. There was tenderness over the bilateral wrist flexor/extensors, thenar/hypothenar muscles, and carpal bones. The 2/20/15 treating physician report indicated that the injured worker had completed 6/6 hand therapy sessions for his chronic carpal tunnel syndrome. He did not think it had helped much and there was little improvement in grip strength. He had constant bilateral hand and wrist pain, previously diagnosed as carpal tunnel syndrome. Diclofenac helped with some of the pain. Additional subjective complaints included left shoulder, low back and left hip pain. Overall pain was 6/10. He was working full time without any modifications. Wrist exam documented no limitation in range of motion and tenderness over the triangular fibrocartilage complex (TFCC) bilaterally. There was no documentation suggestive

of an upper extremity neurologic deficit. The treating physician requested bilateral upper extremity EMG to rule-out carpal tunnel syndrome, and hand surgery consultation for numbness and tingling of this hands. The 3/27/15 utilization review non-certified the request for bilateral upper extremity EMG/NCV as the 2009 electrodiagnostic studies evidenced bilateral carpal tunnel syndrome and right cubital tunnel syndrome and there was no evidence to support a any neurologic decline or significant change in neurologic findings. Additionally, there was evidence of possible triangular fibrocartilage complex pathology in the wrist and hand surgery consultation had been certified.

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

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

**EMG/NCV of 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), Forearm, Wrist, & Hand chapter Official Disability Guidelines (ODG), Carpal Tunnel chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

**Decision rationale:** The California MTUS guidelines state that appropriate electrodiagnostic studies help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction study, or in more difficult cases, EMG may be helpful. Guideline criteria have not been met. The injured worker underwent electrodiagnostic testing in 2009 that confirmed a diagnosis of bilateral carpal tunnel syndrome and right cubital tunnel syndrome. There has been no change in the clinical exam findings over at least the past 6 months with no documentation of provocative carpal tunnel testing. The current request rationale is to rule-out carpal tunnel syndrome. Additionally, a hand surgeon consult has been certified. There is no compelling reason to support the medical necessity of additional electrodiagnostic studies in the absence of a significant change in the clinical exam findings and with prior electrodiagnostic evidence of carpal tunnel syndrome. Therefore, this request is not medically necessary.