

<b>Case Number:</b>	CM15-0066042		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 is a 42 year old female, who sustained an industrial injury on 02/14/2009. She reported pain in her bilateral hands and wrists. The injured worker is currently diagnosed as having wrist pain, carpal tunnel syndrome, and radial styloid tenosynovitis. Treatment to date has included physical therapy, acupuncture, injection, and medications. In a progress note dated 02/13/2015, the injured worker presented with complaints of bilateral upper extremity pain. The treating physician reported requesting authorization for electromyography/nerve conduction studies of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCV (nerve conduction velocity) of bilateral upper extremities:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Nerve conduction studies (NCS); Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,260-262.

**Decision rationale:** Based on the 03/13/15 progress report provided by treating physician, the patient presents with bilateral upper extremity pain rated 7/10 with medications. The request is for EMG (ELECTROMYOGRAPHY)/NCV (NERVE CONDUCTION VELOCITY) OF BILATERAL UPPER EXTREMITIES. No RFA provided. Patient's diagnosis on 03/13/15 included wrist pain, carpal tunnel syndrome, and radial styloid tenosynovitis. Physical examination on 03/13/15 revealed diminished light touch sensation at the bilateral hands and fingers. Deep tendon reflexes to bilateral biceps, brachioradialis and triceps tendons 1+. Treatment to date has included physical therapy, acupuncture, injection, and medications. Patient medications include Norco, Dilaudid, Hydrochlorothiazide, and Voltaren gel. Patient is permanent and stationary, per 03/13/15 treater report. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." 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." Per 03/13/15 progress report, treater states "pending EMG/NCS BUE to evaluate for worsening B/L wrist pain, numbness and swelling." EMG/NCS dated 03/16/12, per 03/13/15 treater report, revealed "moderate to severe bilateral carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components." Patient underwent right carpal tunnel release 08/13/12, and left carpal tunnel release 07/31/13. In this case, patient continues with pain and it does not appear electrodiagnostic study has been done post carpal tunnel release procedures. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.