

Case Number:	CM15-0071045		
Date Assigned:	04/21/2015	Date of Injury:	02/12/2010
Decision Date:	06/11/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/14/2015

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 33-year-old female, with a reported date of injury of 02/12/2010. The diagnoses include bilateral medial epicondylitis, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, status post right wrist ganglion cyst removal, and bilateral upper extremity paresthesias. Treatments to date have included oral medications, splints, physical therapy, injections, two bilateral carpal tunnel surgeries, postoperative therapy, x-rays of the hands/wrists, MRIs of the hands/wrists, and a nerve conduction study. The initial comprehensive orthopedic evaluation report dated 03/25/2015 indicates that the injured worker complained of bilateral wrist pain, rated 3 out of 10. There was constant pain radiating to her arms and elbows. The objective findings include limited range of motion, lifting, carrying, gripping, twisting, turning, lying down; full range of motion of the bilateral wrists; intact sensation to light touch to all digits; full range of motion and full extension of the bilateral elbows; and pain with pronation over the medial epicondyles. The treating physician requested an electromyography /nerve conduction velocity (EMG/NCV) 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) to the bilateral upper extremities: 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), Carpal Tunnel Syndrome (CTS) (Acute & Chronic), Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines, Neck and Upper back (acute and chronic) chapter, EMG.

Decision rationale: This patient presents with bilateral wrist pain radiating to her arms and elbow. The current request is for an EMG (electromyography, NCV (nerve conduction velocity) to bilateral upper extremities. The Request for Authorization is dated 03/25/15. Treatments to date have included oral medications, wrist/hand splint, physical therapy, injections, two bilateral carpal tunnel surgeries (2012, 2013), postoperative therapy, x-rays of the hands/wrists, MRIs of the hands/wrists, and an EMG/NCV. Per progress report 03/25/15, the patient is currently not working and last worked in 2010. ACOEM Guidelines page 260 states that Electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG Guidelines under the Neck and Upper back (acute and chronic) chapter states that EMG is recommended as an option in selected cases. ODG further states regarding EDS in carpal tunnel syndrome, "recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." Per progress report 03/25/15, the patient reports bilateral hand pain that radiates down the arms and elbows. Examination of the bilateral wrist demonstrated positive Durkan's, Tinel's and Phalen's. On examination of the bilateral wrist, there was pain noted with pronation over the medial epicondyles. The treating physician recommended an EMG/NCV study "due to worsening of symptoms." Treatment history includes prior x-rays and MRIs, which were not provided for my review. This patient continues to have residual pain and some radiating symptoms following her CTR in 2013. The patient underwent an EMG following the surgery on 03/19/14 which established normal results. There are only two progress reports provided for review dated 01/30/15 and 03/25/15. In this case, the treating physician has not provided documentation of progressive neurological changes affecting the upper extremities to warrant repeat imaging. The requested EMG/NCV is not medically necessary.