

<b>Case Number:</b>	CM15-0073572		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	12/27/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, Pain Management

### 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 64 year old female, who sustained an industrial/work injury on 12/27/14. She reported initial complaints of bilateral wrist pain and numbness/tingling. The injured worker was diagnosed as having bilateral hand strain/sprain, rule out carpal tunnel syndrome. Treatment to date has included medication and wrist supports. Currently, the injured worker complains of persistent numbness and tingling of the bilateral wrists and hands. The wrist supports are uncomfortable and the meds are not effective. Per the primary physician's progress report (PR-2) on 3/30/15, examination revealed tenderness with palpation, positive Tinel's test, and range of motion flexion/extension is 70/80. JAMAR on right 25/25/25 and left 25/30/25. The requested treatments include EMG Right upper extremity; EMG (electromyogram) Left upper extremity; NCS (nerve conduction study) Right upper extremity; and NCS Left 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, Forearm and Wrists chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for EMG of right upper extremity, ACOEM Practice Guidelines state that the electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of numbness and tingling in bilateral hands, and physical exam findings consistent with carpal tunnel syndrome with positive Tinel's sign. Although nerve conduction studies alone are sufficient to rule in median neuropathy at the wrist, an EMG study will allow the examiner to rule out other pathologies which may mimic this patient's symptoms of numbness in the hands (ie, cervical radiculitis). Furthermore, conservative therapy with wrist splints have been trialed. The currently requested EMG of right upper extremity is medically necessary.

**EMG Left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, Forearm and Wrists chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for EMG of left upper extremity, ACOEM Practice Guidelines state that the electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of numbness and tingling in bilateral hands, and physical exam findings consistent with carpal tunnel syndrome with positive Tinel's sign. Although nerve conduction studies alone are sufficient to rule in median neuropathy at the wrist, an EMG study will allow the examiner to rule out other pathologies which may mimic this patient's symptoms of numbness in the hands (ie, cervical radiculitis). The currently requested EMG of left upper extremity is medically necessary.

**NCS Right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, Forearm and Wrists chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies Nerve Conduction Studies.

**Decision rationale:** Regarding the request for nerve conduction study of the right upper extremity, ACOEM Practice Guidelines state that the NCS may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of numbness and tingling in bilateral hands, however, it is unclear whether this has lasted longer than 4 weeks. There are physical exam findings consistent with carpal tunnel syndrome with positive Tinel's sign. This patient continues with hand numbness despite a trial of wrist splints. Although the exam is suggestive for carpal tunnel syndrome, the fact that wrist splints were of no benefit suggests that other etiologies should be explored. A nerve conduction study would assess the function of the median nerve. This request is medically necessary.

**NCS Left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, Forearm and Wrists chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies Nerve Conduction Studies.

**Decision rationale:** Regarding the request for nerve conduction study of the left upper extremity, ACOEM Practice Guidelines state that the NCS may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of numbness and tingling in bilateral hands, however, it is unclear whether this has lasted longer than 4 weeks. There are physical exam findings consistent with carpal tunnel syndrome with positive Tinel's sign. This patient continues with hand numbness despite a trial of wrist splints. Although the exam is suggestive for carpal tunnel syndrome, the fact that wrist splints were of no benefit suggests that other etiologies should be explored. A nerve conduction study would assess the function of the median nerve. This request is medically necessary.