

Case Number:	CM15-0079027		
Date Assigned:	04/30/2015	Date of Injury:	01/20/2015
Decision Date:	05/29/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/24/2015

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: Preventive Medicine, Occupational Medicine

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 44 year old female, who sustained an industrial injury on 1/20/2015. She reported gradual onset of bilateral hand and wrist pain, numbness and tingling. Diagnoses have included tendinitis and tenosynovitis of wrists. Comorbid conditions include obesity (BMI 36.1). Treatment to date has included physical therapy, wrist supports and medication. According to the progress report dated 3/11/2015, the injured worker complained of bilateral hand and wrist pain. The pain radiated into her forearms. She complained of mild, intermittent tingling in the radial three fingers bilaterally. Physical exam revealed that Phalen's test and Tinel's test were positive bilaterally. Authorization was requested for electromyography (EMG)/nerve conduction study (NCS) of the right and left upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Electromyography (EMG) is used as a diagnostic test. Criteria for its use are very specific. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction, although the literature does not support its routine use to evaluate for nerve entrapment. The test evaluates the electrical activity of your muscles when they contract and when they're at rest. It can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. The literature does not support the use of EMG testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspects carpal tunnel syndrome, however, since this test is best used to determine if muscle damage has occurred it should only be used to diagnose carpal tunnel syndrome when the case is complex and the etiology of symptoms is in question. The ACOEM Guidelines define its use for diagnosis of shoulder, wrist (except for Carpal Tunnel), hand or finger conditions as a D recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. Since this patient's symptoms are strongly supportive for a diagnosis of carpal tunnel syndrome there is little value in using EMG testing at this time. Nerve conduction velocity studies will be most helpful in confirming this diagnosis. Medical necessity for EMG has not been established.

EMG of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Electromyography (EMG) is used as a diagnostic test. Criteria for its use are very specific. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction, although the literature does not support its routine use to evaluate for nerve entrapment. The test evaluates the electrical activity of your muscles when they contract and when they're at rest. It can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. The literature does not support the use of EMG testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspects carpal tunnel syndrome, however, since this test is best used to determine if muscle damage has occurred it should only be used to diagnose carpal tunnel syndrome when the case is complex and the etiology of symptoms is in question. The ACOEM Guidelines define its use for diagnosis of shoulder, wrist (except for Carpal Tunnel), hand or finger conditions as a D recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. Since this patient's symptoms are strongly supportive for a diagnosis of carpal tunnel syndrome there is little value in using EMG testing at this time. Nerve conduction velocity studies will be most helpful in confirming this diagnosis. Medical necessity for EMG has not been established.

