Case Number:	CM15-0092459		
Date Assigned:	05/18/2015	**Date of Injury:**	08/09/2013
Decision Date:	07/02/2015	**UR Denial Date:**	04/27/2015
Priority:	Standard	**Application Received:**	05/13/2015

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 79 year old female who sustained an industrial injury on 8/9/13. The injured worker was diagnosed as having right carpal tunnel syndrome, cervical spine sprain and strain and left knee meniscal tear. Currently, the injured worker was with complaints of pain in the right arm, right wrist, shoulder and neck. Previous treatments included physical therapy and status post carpal tunnel release. Previous diagnostic studies included a magnetic resonance imaging, electromyography and nerve conduction velocity study. Physical examination was notable for tenderness to palpation to the right wrist and hand, left medial lateral joint line and anterior tibialie. The plan of care was for diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 260-262.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to neck, shoulder and RIGHT upper extremity, and left arm over compensatory pain. The patient is status post RIGHT carpal tunnel release 05/28/14. The request is for EMG OF THE RIGHT UPPER EXTREMITY. RFA not provided. Patient's diagnosis on 04/13/15 included right carpal tunnel syndrome, and cervical sprain/strain. Physical examination to the RIGHT wrist on 04/13/15 revealed tenderness to palpation to dorsal and volar capsules, soft tissue, and osseous structures. Range of motion was decreased with moderate pain. Muscle strength 3/5. Positive Phalen's and Tinnel's tests. Treatment to date included imaging and electrodiagnostic studies, surgery, physical therapy, and work modifications. The patient is temporarily totally disabled, per 04/13/15 report. Treatment reports were provided from 01/16/14 - 04/13/15. 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." 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." The patient had EMG/NCV of the upper extremities done 01/16/14, per electrodiagnostic report. Patient's RIGHT carpal tunnel release was done on 05/28/14. Per 04/13/15 report, treater states "I recommend that the patient undergoes an EMG and NCV of the cervical spine in both upper extremities to determine if the carpal tunnel syndrome was resolved from surgery; however, she has new pathology with new nerve impingement. Due to her persistent symptoms despite surgical intervention and postoperative therapy, authorization was requested for an orthopedic evaluation and recommended repeat nerve conduction testing." This patient continues to have residual pain and radiating symptoms following CTR. There is no indication of post-op electrodiagnostic studies. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

NCV of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 260-262.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to neck, shoulder and RIGHT upper extremity, and left arm over compensatory pain. The patient is status post RIGHT carpal tunnel release 05/28/14. The request is for NCV OF THE RIGHT UPPER EXTREMITY. RFA not provided. Patient's

diagnosis on 04/13/15 included right carpal tunnel syndrome, and cervical sprain/strain. Physical examination to the RIGHT wrist on 04/13/15 revealed tenderness to palpation to dorsal and volar capsules, soft tissue, and osseous structures. Range of motion was decreased with moderate pain. Muscle strength 3/5. Positive Phalen's and Tinnel's tests. Treatment to date included imaging and electrodiagnostic studies, surgery, physical therapy, and work modifications. The patient is temporarily totally disabled, per 04/13/15 report. Treatment reports were provided from 01/16/14 - 04/13/15. 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." 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."The patient had EMG/NCV of the upper extremities done 01/16/14, per electrodiagnostic report. Patient's RIGHT carpal tunnel release was done on 05/28/14. Per 04/13/15 report, treater states "I recommend that the patient undergoes an EMG and NCV of the cervical spine in both upper extremities to determine if the carpal tunnel syndrome was resolved from surgery; however, she has new pathology with new nerve impingement. Due to her persistent symptoms despite surgical intervention and postoperative therapy, authorization was requested for an orthopedic evaluation and recommended repeat nerve conduction testing." This patient continues to have residual pain and radiating symptoms following CTR. There is no indication of post-op electrodiagnostic studies. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 260-262.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to neck, shoulder and RIGHT upper extremity, and LEFT arm over compensatory pain. The patient is status post RIGHT carpal tunnel release 05/28/14. The request is for NCV OF THE LEFT UPPER EXTREMITY. RFA not provided. Patient's diagnosis on 04/13/15 included right carpal tunnel syndrome, and cervical sprain/strain. Treatment to date included imaging and electrodiagnostic studies, surgery, physical therapy, and work modifications. The patient is temporarily totally disabled, per 04/13/15 report. Treatment reports were provided from 01/16/14 - 04/13/15.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."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." The patient had EMG/NCV of the upper extremities done 01/16/14, per electrodiagnostic report. Patient's RIGHT carpal tunnel release was done on 05/28/14. Per 04/13/15 report, treater states "I recommend that the patient undergoes an EMG and NCV of the cervical spine in both upper extremities to determine if the carpal tunnel syndrome was resolved from surgery; however, she has new pathology with new nerve impingement. Due to her persistent symptoms despite surgical intervention and postoperative therapy, authorization was requested for an orthopedic evaluation and recommended repeat nerve conduction testing." Treater states patient presents with LEFT arm over compensatory pain. However, physical examination to the LEFT wrist on 04/13/15 revealed no tenderness to palpation and findings within normal limits. In this case, treater has not provided documentation of progressive neurological changes affecting the LEFT upper extremity, to warrant repeat NCV study. Therefore, the request IS NOT medically necessary.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 260-262.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to neck, shoulder and RIGHT upper extremity, and LEFT arm over compensatory pain. The patient is status post RIGHT carpal tunnel release 05/28/14. The request is for EMG OF THE LEFT UPPER EXTREMITY. RFA not provided. Patient's diagnosis on 04/13/15 included right carpal tunnel syndrome, and cervical sprain/strain. Physical examination to the LEFT wrist on 04/13/15 revealed no tenderness to palpation and findings within normal limits. Treatment to date included imaging and electrodiagnostic studies, surgery, physical therapy, and work modifications. The patient is temporarily totally disabled, per 04/13/15 report. Treatment reports were provided from 01/16/14 - 04/13/15.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."ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11,

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