Case Number:	CM15-0092605		
Date Assigned:	05/19/2015	**Date of Injury:**	06/23/1998
Decision Date:	06/22/2015	**UR Denial Date:**	05/13/2015
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: 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 69 year old female with an industrial injury dated 06/1997 to 09/1998 (cumulative trauma). Her diagnoses included lower extremity peripheral sensory neuropathy, lumbar degenerative joint disease, left trigger thumb, left carpal tunnel syndrome, possible recurrent right carpal tunnel syndrome, status post right carpal tunnel release (1996) and stage III left thumb carpometacarpal arthritis. Prior treatments included cortisone injection to carpal tunnel, acupuncture and carpal tunnel surgery. She presents on 05/05/2015 with moderate to severe, intermittent sharp, dull and aching pain mainly in her left hand. She also had numbness and tingling in both hands. Bilateral wrist and hand exam showed normal range of motion without pain. Compression test and Phalen's test were positive bilaterally. Tinel's test was negative. The injured worker could make a full fist without difficulty. There was tenderness of the A 1 pulley of the left thumb. Sensation was intact to light touch. The injured worker was retired. Treatment plan consisted of EMG/NCV studies of the upper extremities to rule out left carpal tunnel syndrome and recurrent right carpal tunnel syndrome, left thumb CMC (carpometacarpal) brace, ultrasound-guided Kenalog injection, left trigger thumb (done at this visit), home exercise and stretching program and return in 6 weeks. This request is for EMG/NCV (electro diagnostic 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 / NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-2, 269.

Decision rationale: Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles and NCV testing is used to evaluate the ability of the body's motor and sensory nerves to conduct electrical impulses. Criteria for the use are very specific. The EMG-NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. The literature does not support the use of EMG testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspect's carpal tunnel syndrome and the 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. This patient's bilateral wrist symptoms are complicated by the patient's prior right carpal tunnel syndrome surgery and her history of idiopathic peripheral sensory neuropathy, so EMG/NCV may be helpful. However, the request for these tests appears to be premature as there is no documentation of the duration of her present symptomatology or description of any initial treatment. The literature describes that only one in five symptomatic patients will have carpal tunnel syndrome, thus, the duration and response to initial treatment are important in guiding further evaluations and therapies. Therefore the request is not medically necessary for this procedure.