

Case Number:	CM15-0092738		
Date Assigned:	05/19/2015	Date of Injury:	07/24/2013
Decision Date:	07/01/2015	UR Denial Date:	04/13/2015
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: 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(n) 58 year old female, who sustained an industrial injury on 7/24/13. She reported pain in her bilateral hands/wrists. The injured worker was diagnosed as having carpal tunnel syndrome, trigger finger and bilateral hand joint pain. Treatment to date has included Naproxen, Cyclobenzaprine, Tramadol and a cervical MRI on 12/18/14 showing broad based posterior disc protrusion. As of the PR2 dated 2/24/15, the injured worker reports 3/10 pain in her right wrist/hand and 8/10 pain in her left wrist/hand. Objective findings include grip strength testing causes pain bilaterally at the wrist and wrist range of motion causes pain. The treating physician requested an 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 right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist and hand chapter, Electromyography (EMG) & Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

Decision rationale: The patient presents with bilateral hands/wrists pain. The physician is requesting EMG Right Upper Extremity. The RFA was not included in the reports. The patient is on modified duty. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: Appropriate electro diagnostic 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. Per the 02/24/2015 treatment report, the patient complaints of frequent mild to 3/10 achy, burning right hand/wrist pain. She also reports frequent severe 8/10 dull left hand/wrist pain with numbness, tingling and weakness. JAMAR grip strength results are: Right 2, 2, 2 kg, Left 2, 2, 2 kg. Grip strength testing causes pain bilaterally at the wrist. Ranges of motion are painful bilaterally. The physician is requesting an EMG due to continuous weakness and pain. Medical records do not include any previous EMG of the right upper extremity. Given the patient's current diagnosis of CTS including reports of weakness and pain and a lack of EMG/NCV studies to date, the request for an EMG study is substantiated. The request is medically necessary.

NCV left upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

Decision rationale: The patient presents with bilateral hands/wrists pain. The physician is requesting Ncv Left Upper Extremity. The RFA was not included in the reports. The patient is on modified duty. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, 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. Per the

02/24/2015 treatment report, the patient complaints of frequent mild to 3/10 achy, burning right hand/wrist pain. She also reports frequent severe 8/10 dull left hand/wrist pain with numbness, tingling and weakness. JAMAR grip strength results are: Right 2, 2, 2 kg, Left 2, 2, 2 kg. Grip strength testing causes pain bilaterally at the wrist. Ranges of motion are painful bilaterally. The physician is requesting an NCV due to continuous weakness and pain. Medical records do not include any previous NCV of the left upper extremity. Given the patient's current diagnosis of CTS including reports of weakness and pain and a lack of EMG/NCV studies to date, the request for an NCV study is substantiated. The request is medically necessary.

NCV right upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

Decision rationale: The patient presents with bilateral hands/wrists pain. The physician is requesting NCV Right Upper Extremity. The RFA was not included in the reports. The patient is on modified duty. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, 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. Per the 02/24/2015 treatment report, the patient complaints of frequent mild to 3/10 achy, burning right hand/wrist pain. She also reports frequent severe 8/10 dull left hand/wrist pain with numbness, tingling and weakness. JAMAR grip strength results are: Right 2, 2, 2 kg, Left 2, 2, 2 kg. Grip strength testing causes pain bilaterally at the wrist. Ranges of motion are painful bilaterally. The physician is requesting an NCV due to continuous weakness and pain. Medical records do not include any previous NCV of the right upper extremity. Given the patient's current diagnosis of CTS including reports of weakness and pain and a lack of EMG/NCV studies to date, the request for an NCV study is substantiated. The request is medically necessary.

EMG left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist and hand chapter, Electromyography (EMG) & Nerve conduction studies (NCS).

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