

<b>Case Number:</b>	CM14-0151372		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 43-year-old male who has submitted a claim for left wrist pain and left carpal tunnel syndrome associated with an industrial injury date of June 17, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of intermittent left wrist pain and a vaguely described numbness of the fingers. Examination revealed muscular tenderness of the left wrist and numbness in the left median nerve distribution without documentation of a complete neurological evaluation. An MRI of the left wrist showed: "1. Dorsal intercalated segment instability, 2. Ganglion cyst at the volar aspect of ulna proximal to pisiform bone, 3. Small cyst at capitate, 4. Os hamatum propium, 5. Osteoarthropathy of 1st carpometacarpal joint." There was no treatment to date mentioned. Utilization review from August 21, 2014 denied the request for EMG (Electromyography) study of the right upper extremity, EMG (Electromyography) study of the left upper extremity, NCV (Nerve Conduction Velocity) study of the right upper extremity and NCV (Nerve Conduction Velocity) study of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) study of the right 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 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of left wrist pain and a vaguely described numbness of the fingers. Examination revealed muscular tenderness of the left wrist and numbness in the left median nerve distribution without documentation of a complete neurological evaluation. However, there were no subjective and objective signs pointing to right upper extremity pathology. Electrodiagnostic studies are not warranted due to lack of rationale for conducting it. Therefore, the request for EMG (Electromyography) study of the right upper extremity is not medically necessary.

**EMG (Electromyography) study 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 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of left wrist pain and a vaguely described numbness of the fingers. However, examination only revealed muscular tenderness of the left wrist and numbness in the left median nerve distribution without documentation of a complete neurological evaluation. A complete physical examination may determine whether the patient has subtle or over signs of a radiculopathy determining further necessity for electrodiagnostic studies. Furthermore, there was no documentation of prior conservative treatment. Therefore, the request for EMG (Electromyography) study of the left upper extremity is not medically necessary.

**NCV (Nerve Conduction Velocity) study of the right 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

**Decision rationale:** CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of left wrist pain and a vaguely described numbness of the fingers. Examination revealed muscular tenderness of the left wrist and numbness in the left median nerve distribution without documentation of a complete neurological evaluation. However, there were no subjective and objective signs pointing to right upper extremity pathology suggesting a need for an NCV. Furthermore, there was no documentation of prior conservative treatment, the request for NCV (Nerve Conduction Velocity) study of the right upper extremity is not medically necessary.

**NCV (Nerve Conduction Velocity) study 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, *Acta Neurol Belg* 2006 Jun; 106 (2): 73-81

**Decision rationale:** CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of left wrist pain and a vaguely described numbness of the fingers. However, examination revealed muscular tenderness of the left wrist and numbness in the left median nerve distribution without documentation of a complete neurological evaluation. A complete physical examination may be more helpful in this case as it may show clinical obvious signs obviating the need for further workup. In addition, no form of treatment has yet been conducted based on the records provided. Therefore, the request

for NCV (Nerve Conduction Velocity) study of the left upper extremity is not medically necessary.