

Case Number:	CM13-0001446		
Date Assigned:	12/13/2013	Date of Injury:	05/31/2013
Decision Date:	10/23/2014	UR Denial Date:	06/21/2013
Priority:	Standard	Application Received:	07/15/2013

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 Orthopaedic Surgery 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:

This 28-year-old male water delivery person sustained an industrial injury on 5/31/13 relative to work duties. He reported an abrupt onset of bilateral hand numbness, right greater than left, with driving. The hand numbness was increased at night and woke him up. The 6/4/14 initial physical exam documented full cervical range of motion with no tenderness to palpation and negative Spurling's test. Shoulder and upper extremity exam documented no tenderness to palpation, full range of motion, and normal strength. Tinel's was negative over the radial and cubital tunnels. Tinel's, Phalen's, and carpal tunnel compression tests were positive bilaterally. The diagnosis was bilateral carpal tunnel syndrome. The treatment plan recommended modified duties, physical therapy 2x3, ice pack, ibuprofen, bilateral wrist wraps for daytime use, and bilateral cock-up splints for night use. The 6/10/14 occupational therapy evaluation documented the patient was taking Motrin and using daytime and nighttime splints without improvement. There was grade 4-6/10 pain over the right thenar region and forearm, and left dorsal hand pain. There were paresthesias into the thenar muscles and thumb. Grip strength was 42 pounds right and 55 pounds left. Pinch strength was 17 pounds right and 15 pounds left. There was normal bilateral wrist range of motion and no tenderness to palpation. The 6/11/14 treating physician report cited complaints of pain at the dorsum of his hands in addition to the bilateral carpal tunnel syndrome. Symptoms were reported increasing. He attended one physical therapy visit, but no additional appointments were scheduled pending authorization. Physical exam documented positive Tinel's and carpal tunnel compression tests on the right. The treatment plan recommended EMG/NCV to evaluate upper extremity paresthesias.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES

(RX:6/11/13): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, FOREARM, WRIST, AND HAND COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Electrodiagnostic studies (EDS)

Decision rationale: The California MTUS guidelines state that for most patient's presenting with true hand and wrist complaints, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The Official Disability Guidelines recommend electrodiagnostic studies in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Guideline criteria have been essentially met. This patient presented with abrupt onset of numbness with positive provocative testing for carpal tunnel syndrome. Over the initial course of conservative treatment, the patient reported worsening pain and symptoms. Initial conservative treatment including activity modification, initial bracing, medications, and physical therapy had not resulted in improvement. Therefore, this request is medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMITIES (RX: 06/11/13): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, FOREARM, WRIST, AND HAND COMPLAINTS,

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