

Case Number:	CM13-0013352		
Date Assigned:	09/30/2013	Date of Injury:	04/15/2010
Decision Date:	01/03/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery, has a subspecialty in hand surgery and is licensed to practice in Georgia and Texas. 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 physician 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.

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 42-year-old with a reported date of injury on 04/15/2010; the mechanism of injury was not provided within the medical records. The patient had constant bilateral arm pain associated with numbness as well as tingling and weakness and difficulty gripping and grasping in both hands. The patient also had swelling in the bilateral hands in all fingers. The patient had no loss of circulation to either of her hands, and both hands were hot, not cold, from a temperature perspective.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) to the upper right extremity to rule out carpal tunnel syndrome of both hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines - Carpel Tunnel Syndrome Chapter.

Decision rationale: According to the the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, for most patients presenting with true hand and wrist problems,

special studies are not needed until after a 4- to 6-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. Further, the Official Disability Guidelines note EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS). The provider noted the employee was experiencing symptoms in both of the upper extremities, especially in the hands. The employee reported bilateral arm and hand symptoms continued to worsen with time. The employee reported constant bilateral arm pain associated with numbness as well as tingling in addition to weakness and some difficulty gripping and grasping in both hands. It was noted that the employee's CRPS (Chronic Regional Pain Syndrome) was believed to have spread from her left lower extremity to her upper extremities. The employee appeared to have some swelling of both of the hands and into the fingers. The employee described tingling as well as a burning sensation in all of her fingers in the bilateral hands. The provider noted there was no loss of circulation to either of her hands, and both of her hands were hot, not cold, from a temperature perspective. The provider noted an EMG and NCV study of both of her upper extremities was reportedly recommended by [REDACTED] to evaluate the employee for the possible presence of any peripheral nerve entrapment, which, if the condition was excluded, would mean that the employee would most likely have a diagnosis of CRPS of the upper extremities. Within the provided documentation, the requesting physician did not include adequate documentation that the employee had undergone a sufficient course of conservative care in regards to the upper extremities; the duration and efficacy of conservative care measures for the upper extremities were unclear. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional deficits related to the employee's upper extremity condition. Additionally, the guidelines recommend the use of EMG only in cases where diagnosis is difficult with nerve conduction studies. The request for EMG to the upper right extremity to rule out carpal tunnel syndrome of both hands is not medically necessary and appropriate.

NCV (Nerve Conduction Velocities) to the upper right extremity to rule out carpal tunnel syndrome of both hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines - Carpal Tunnel Syndrome Chapter.

Decision rationale: According to the the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to

six weeks, electrical studies may be indicated. Further, the Official Disability Guidelines note nerve conduction studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. The provider noted the employee was experiencing symptoms in both of her upper extremities, especially in her hands. The employee reported bilateral arm and hand symptoms continued to worsen with time. The employee reported constant bilateral arm pain associated with numbness as well as tingling in addition to weakness and some difficulty gripping and grasping in both hands. It was noted that the employee's CRPS was believed to have spread from her left lower extremity to her upper extremities. The employee appeared to have some swelling of both of the hands and into the fingers. The employee described tingling as well as a burning sensation in all of her fingers in the bilateral hands. The provider noted there was no loss of circulation to either of her hands, and both of her hands were hot, not cold, from a temperature perspective. The provider noted an EMG and NCV study of both of her upper extremities was reportedly recommended by [REDACTED] to evaluate the employee for the possible presence of any peripheral nerve entrapment, which, if the condition was excluded, would mean that the employee would most likely have a diagnosis of CRPS of the upper extremities. Within the provided documentation, the requesting physician did not include adequate documentation that the employee had undergone a sufficient course of conservative care in regards to the upper extremities; the duration and efficacy of conservative care measures for the upper extremities were unclear. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional deficits related to the employee's upper extremity condition. The request for NCV to the upper right extremity to rule out carpal tunnel syndrome of both hands is not medically necessary and appropriate.

EMG to the upper left extremity to rule out carpal tunnel syndrome of both hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines - Carpel Tunnel Syndrome Chapter.

Decision rationale: According to the the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. Further, the Official Disability Guidelines note EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS). The provider noted the employee was experiencing symptoms in both of the upper extremities, especially in the hands. The employee reported bilateral arm and hand symptoms continued to worsen with time. The employee reported constant bilateral arm pain associated with numbness as well as tingling in

addition to weakness and some difficulty gripping and grasping in both hands. It was noted that the employee's CRPS (Chronic Regional Pain Syndrome) was believed to have spread from her left lower extremity to her upper extremities. The employee appeared to have some swelling of both of the hands and into the fingers. The employee described tingling as well as a burning sensation in all of her fingers in the bilateral hands. The provider noted there was no loss of circulation to either of her hands, and both of her hands were hot, not cold, from a temperature perspective. The provider noted an EMG and NCV study of both of her upper extremities was reportedly recommended by [REDACTED] to evaluate the employee for the possible presence of any peripheral nerve entrapment, which, if the condition was excluded, would mean that the employee would most likely have a diagnosis of CRPS of the upper extremities. Within the provided documentation, the requesting physician did not include adequate documentation that the employee had undergone a sufficient course of conservative care in regards to the upper extremities; the duration and efficacy of conservative care measures for the upper extremities were unclear. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional deficits related to the employee's upper extremity condition. Additionally, the guidelines recommend the use of EMG only in cases where diagnosis is difficult with nerve conduction studies. The request for EMG to the upper left extremity to rule out carpal tunnel syndrome of both hands is not medically necessary and appropriate.

NCV to the upper left extremity to rule out carpal tunnel syndrome of both hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines - Carpel Tunnel Syndrome Chapter.

Decision rationale: According to the the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. Further, the Official Disability Guidelines note nerve conduction studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. The provider noted the employee was experiencing symptoms in both of her upper extremities, especially in her hands. The employee reported bilateral arm and hand symptoms continued to worsen with time. The employee reported constant bilateral arm pain associated with numbness as well as tingling in addition to weakness and some difficulty gripping and grasping in both hands. It was noted that the employee's CRPS was believed to have spread from her left lower extremity to her upper extremities. The employee appeared to have some swelling of both of the hands and into the fingers. The employee described tingling as well as a burning sensation in all of her fingers in the bilateral hands. The provider noted there was no loss of circulation to either of her hands, and both of her hands were hot, not cold,

from a temperature perspective. The provider noted an EMG and NCV study of both of her upper extremities was reportedly recommended by [REDACTED] to evaluate the employee for the possible presence of any peripheral nerve entrapment, which, if the condition was excluded, would mean that the employee would most likely have a diagnosis of CRPS of the upper extremities. Within the provided documentation, the requesting physician did not include adequate documentation that the employee had undergone a sufficient course of conservative care in regards to the upper extremities; the duration and efficacy of conservative care measures for the upper extremities were unclear. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional deficits related to the employee's upper extremity condition. The request for NCV to the upper left extremity to rule out carpal tunnel syndrome of both hands is not medically necessary and appropriate.