MAXIMUS Federal Services

Case Number:	CM13-0013498		
Date Assigned:	10/01/2013	Date of Injury:	02/09/2012
Decision Date:	01/21/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/20/2013

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, and is licensed to practice in Connecticut, North Carolina and Pennsylvania. 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:

Clinical records for review include a prior electrodiagnostic study report to the upper extremities bilaterally performed on 08/07/13 showed bilateral median motor and sensory improvement following a bilateral carpal tunnel release procedure. It states preoperative electrodiagnostic studies demonstrated severe carpal tunnel syndrome findings, which are noted to be drastically improved. A previous assessment by the provider was from 07/01/13 with [redacted] It stated at that time that the claimant continued to have right greater than left upper extremity diffuse pain, with pain into the forearms that was worse with repetitive activities. Surgical history included a left endoscopic carpal tunnel release on 09/11/12 and 02/21/13 right endoscopic carpal tunnel release procedure. Physical examination findings to the upper extremities showed generalized tenderness to palpation at the base of the palm and wrist of the right with negative Tinel's and Phalen's testing. The left was also with no tenderness to palpation, a normal sensory examination with Tinel's and Phalen's testing also negative. The claimant was once again given the diagnosis of carpal tunnel syndrome at that date. A previous assessment of 06/26/13 was [redacted]., had indicated that the claimant was with diminished grip strength on examination, continued complaints of bilateral swelling, tightness, and paresthesias to the hands, and gave a physical examination that also showed a mild deficit on sensory examination to pinprick over the index and middle fingers bilaterally. Given ongoing complaints following surgery, the electrodiagnostic studies were recommended at that time. There is a request in this case for bilateral upper extremity electrodiagnostic testing, apparently retrospective dating back to the 08/07/13 testing performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the left upper extremity: Overturned

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 ODG Carpal Tunnel Syndrome (updated 05/07/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261,265,269.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the role of EMG testing to the left upper extremity is warranted. Guideline criteria state that electrodiagnostic study can be helpful to delineate carpal tunnel syndrome from other conditions such as cervical radiculopathy or other neurologic findings to the upper extremities. The clinical records in this case indicate that the claimant continued to be symptomatic in July 2013, several months following prior bilateral carpal tunnel release procedures. Given the claimant's on-going symptoms and failure to benefit in the conservative course of care, the role of electrodiagnostic testing in this case would appear to be medically necessary.

Nerve Conduction Velocity (NCV) of the right upper extremity: Overturned

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 ODG Carpal Tunnel Syndrome (updated 05/07/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 265, 269.

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