

Case Number:	CM13-0014860		
Date Assigned:	01/03/2014	Date of Injury:	11/12/1999
Decision Date:	03/25/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/22/2013

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 Physical Medicine and Rehabilitation, 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 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. 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 46-year-old female who reported an injury on 11/11/1999. The mechanism of injury was repetitive in nature. The patient was diagnosed with bilateral carpal tunnel syndrome and the patient did display bilateral index finger metacarpal bosses. The patient complained of pain to the bilateral wrists. The patient reported the pain radiated into the hands and fingers. The patient reported symptoms that included swelling, tingling, stiffness, weakness, and numbness. The patient reported her pain was a 10/10. The patient reported the symptoms are constant and worsening. The physical examination revealed a large metacarpal boss which was tender to palpation on both hands. The extensor tendon in the area displays swelling and synovitis bilaterally. There was evidence of mild swelling volarly at the wrist with positive Tinel's and Phalen's bilaterally at the wrist with questionable decreased sensation and perspiration in the median as compared to the ulnar distribution, but no thenar atrophy bilaterally. The treatment plan included bilateral wrist brace and an Electromyography (EMG) /Nerve Conduction Study (NCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist braces: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: CA MTUS/ACOEM states when treating with a splint and carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. Any splinting or limitations placed on a hand, wrist, and/or forearm should not interfere with the total body activity in a major way. The patient complained of pain to the bilateral wrists; however, the documentation does not show evidence of conservative treatment. Given the lack of documentation to support guideline criteria, the request is non-certified.

Electromyography (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),: Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: CA MTUS/ACOEM states 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. The patient complained of bilateral wrist pain. However, no clinical documentation was submitted for review indicating the patient's conservative treatment. Given the lack of documentation to support guideline criteria, the request is non-certified.

Nerve Conduction Study (NCS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic Studies.

Decision rationale: CA MTUS/ACOEM does not address nerve conduction studies. The Official Disability Guidelines recommend nerve conduction studies in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing of nerve conduction velocities but the addition of electromyography is not generally necessary. The patient complained of bilateral wrist pain. However, the documentation does not indicate that the patient is considering surgery. Also, no documentation was submitted for review indicating the patient's conservative treatment. Given the lack of documentation to support guideline criteria, the request is non-certified.