MAXIMUS Federal Services

Case Number:	CM13-0021095		
Date Assigned:	10/11/2013	Date of Injury:	07/13/2012
Decision Date:	01/07/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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 54-year-old female who reported an injury on 07/13/2012. Her symptoms include bilateral hand and elbow pain and bilateral hand numbness. Objective findings include decreased sensation over the median nerve and ulnar nerve distributions, positive Tinel's sign of the elbows as well as the left hand, positive Phalen's of the left hand, and decreased grip strength bilaterally. The patient's diagnoses are listed as carpal tunnel syndrome of the right hand and ulnar neuritis of the hands and elbows bilaterally. The patient was noted to be status post right carpal tunnel release which took place on 07/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Wax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers' Comp, 11th edition, Forearm, Wrist & Hand (Acute & Chronic) (updated 05/08/13)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Forearm, Wrist, & Hand, Paraffin Wax Baths..

Decision rationale: The patient was noted to have diagnoses of carpal tunnel syndrome of the right hand and ulnar neuritis of hands and elbows bilaterally. Official Disability Guidelines recommend paraffin wax baths as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care. The patient does not have a noted diagnosis of arthritis of her hands, and there is no indication for paraffin wax baths as a recommended treatment for carpal tunnel syndrome. Therefore, the requested service is non-certified

EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42-43, 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The patient was noted to have symptoms of bilateral hand and elbow pain as well as bilateral hand numbness. The patient was shown to have had previous electrodiagnostic testing on 07/25/2012. The results of that testing showed an abnormal nerve conduction study, and revealed bilateral severe compression of the median nerve at the carpal tunnel and bilateral mild compression of the ulnar nerve at or near the medial epicondyle. The electromyography was noted to be normal with no evidence of active cervical radiculopathy. According to ACOEM Guidelines, appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. Additionally, the guidelines state that nerve conduction studies, or in more difficult cases, electromyography may be helpful to confirm the diagnosis of carpal tunnel syndrome. It also states that if the electrodiagnostic studies are negative, the tests may be repeated later in the course of treatment if the symptoms persist. However, the patient was shown to have positive findings on her previous electrodiagnostic studies. There was no indication given for a repeat study, nor were there new symptoms documented or exceptional factors to warrant repeat studies at this time. Therefore, the requested service is non-certified.

NCS of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43, 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The patient was noted to have symptoms of bilateral hand and elbow pain as well as bilateral hand numbness. The patient was shown to have had previous electrodiagnostic testing on 07/25/2012. The results of that testing showed abnormal nerve conduction study, and revealed bilateral severe compression of the median nerve at the carpal tunnel and bilateral mild compression of the ulnar nerve at or near the medial epicondyle. The electromyography was noted to be normal with no evidence of active cervical radiculopathy. According to ACOEM

Guidelines, appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. Additionally, the guidelines state that nerve conduction studies, or in more difficult cases, electromyography may be helpful to confirm the diagnosis of carpal tunnel syndrome. It also states that if the electrodiagnostic studies are negative, the tests may be repeated later in the course of treatment if the symptoms persist. However, the patient was shown to have positive findings on her previous electrodiagnostic studies. There was no indication for a repeat study, nor were there new symptoms documented or exceptional factors to warrant repeat studies at this time. Therefore, the requested service is non-certified.

NCS of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42-43, 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The patient was noted to have symptoms of bilateral hand and elbow pain as well as bilateral hand numbness. The patient was shown to have had previous electrodiagnostic testing on 07/25/2012. The results of that testing showed abnormal nerve conduction study, and revealed bilateral severe compression of the median nerve at the carpal tunnel and bilateral mild compression of the ulnar nerve at or near the medial epicondyle. The electromyography was noted to be normal with no evidence of active cervical radiculopathy. According to ACOEM Guidelines, appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. Additionally, the guidelines state that nerve conduction studies, or in more difficult cases, electromyography may be helpful to confirm the diagnosis of carpal tunnel syndrome. It also states that if the electrodiagnostic studies are negative, the tests may be repeated later in the course of treatment if the symptoms persist. However, the patient was shown to have positive findings on her previous electrodiagnostic studies. There was no indication for a repeat study, nor were there new symptoms documented or exceptional factors to warrant repeat studies at this time. Therefore, the requested service is non-certified. Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.