

Case Number:	CM13-0024169		
Date Assigned:	11/20/2013	Date of Injury:	01/08/2009
Decision Date:	01/31/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/13/2013

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 Family Practice and is licensed to practice in 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. 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 41-year-old female who reported an injury on 01/08/2009 due to cumulative trauma while performing normal job duties. The patient reportedly developed bilateral carpal tunnel syndrome resulting in bilateral carpal tunnel release with an additional carpal tunnel release of the left hand. The patient was treated conservatively with injections and splinting. The patient's most recent clinical examination findings included positive Tinel's sign bilaterally for the wrists, a positive Phalen's sign bilaterally for the wrists with thenar weakness bilaterally and well healed bilateral carpal tunnel incisions. The patient's diagnoses included status post bilateral carpal tunnel release. The patient's treatment plan included continued medication usage, continuation in a home exercise program, and nighttime bracing with bilateral upper extremity EMG/NCV, a follow-up visit with an orthopedic specialist, and acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities and related paraspinal muscles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The requested EMG of the bilateral upper extremities and related paraspinal musculature is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has recurrent symptoms of carpal tunnel syndrome. The American College of Occupational and Environmental Medicine recommends the use of an EMG to clarify nonspecific nerve root involvement. The clinical documentation submitted for review does not provide any evidence that there is any suspicion of nerve root involvement. Additionally, the patient has a well documented history of bilateral carpal tunnel syndrome. There has been no change in the patient's presentation to provide suspicion of upper back and neck paraspinal muscular issues that would require clarification from an electromyography study. As such, the request EMG of the bilateral upper extremities and related paraspinal muscles is not medically necessary or appropriate.

NCV of the bilateral upper extremities and related paraspinal muscles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The requested NCV of the bilateral upper extremities and related paraspinal muscles is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has recurrent carpal tunnel syndrome symptoms. The American College of Occupational and Environmental Medicine recommends an NCV when a patient's pain generator is not clearly defined as radicular or neuropathic in nature. The clinical documentation submitted for review does not provide any evidence that the patient has radicular symptoms related to the paraspinal musculature. There was no evaluation of the paraspinal musculature that would support the need for diagnostic studies. The patient has a well documented history of carpal tunnel syndrome with definite clinical findings to support that diagnosis. Although an NCV of the bilateral upper extremities may be supported, the request as it is written includes related paraspinal musculature. As there is no physical evidence of neck and upper back paraspinal musculature involvement, an NCV would not be indicated. As such, the requested NCV of the bilateral upper extremities and related paraspinal musculature would not be medically necessary or appropriate.

Acupuncture sessions with electrical stimulation of bilateral hands/wrists:

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture sessions with electrical stimulation of the bilateral hands/wrists is not medically necessary or appropriate. California Medical Treatment

Utilization Schedule does recommend acupuncture as an adjunct therapy to a functional restoration program. The clinical documentation submitted for review does provide evidence that the patient is participating in a home exercise program. However, the request does not include a frequency or duration. This California Medical Treatment Utilization Schedule recommends a 3 to 6 visit clinical trial to establish efficacy of this treatment modality. As the request does not include duration of treatment based on the recommended 3 to 6 treatment trial, acupuncture would not be indicated. As such, the requested acupuncture treatments are not medically necessary or appropriate.

Follow-up visits with an orthopedic surgeon [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 163.

Decision rationale: The request for follow-up visits with an orthopedic surgeon is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has recurrent carpal tunnel syndrome. The American College of Occupational and Environmental Medicine recommends consultations of specialists when a patient has a complicated diagnosis that would benefit from additional expertise. The clinical documentation submitted for review does provide evidence that the patient underwent an initial evaluation by an orthopedic surgeon and recommendations were made. However, the clinical documentation submitted for review does not clearly identify treatment goals that would require additional visits from the orthopedic surgeon. There is no documentation that the recommended care from the orthopedic surgeon could not be handled by the primary treating physician. As such, the requested follow-up visit with an orthopedic surgeon is not medically necessary or appropriate.