

Case Number:	CM13-0027513		
Date Assigned:	11/22/2013	Date of Injury:	03/23/2012
Decision Date:	02/10/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/23/2013

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland. 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 30-year-old female with a reported date of work-related injury on 3/23/12. Her occupation is noted to be in child care with repetitive activity of the hands. She is documented to have had left carpal tunnel syndrome diagnosed on physical exam and confirmed by electrodiagnostic studies from 7/24/12. Based on this, she underwent left carpal tunnel release on 10/26/12 for 'severe' left carpal tunnel syndrome. Following this the patient underwent normal post-operative care and physical therapy. Initial documentation implies normal recovery. However, follow-up on 12/4/12 notes additional tenderness of left upper forearm with triggering of the left thumb. Physical therapy notes on 12/27/12 document improving left wrist, but with increased left upper extremity pain radiating to c/s (cervical spine). Documentation on 1/10/13 notes symptoms of left epicondyle pain. Continued follow-up from 1/29/13 states EMG from 4/23/12 revealed severe left carpal tunnel syndrome without cervical radiculopathy. The physician states that the patient continues to have pain of the left elbow and left neck. Follow-up on 2/26/13 notes that the patient is still experiencing pain in the left forearm and left arm to the shoulder. This increases with lifting. She has tingling and numbness which has increased (which didn't fully resolve from the carpal tunnel release). Based on a history of carpal tunnel release and further symptoms of nerve entrapment, the physician requested electrodiagnostic studies (NCV/EMG) to reassess the left upper extremity. She will continue with physical therapy and medications. She remains temporarily totally disabled. On March 28, 2013, the surgeon responds to the denial of his request for electrodiagnostic studies. He reports that, at the time of the previous studies, the patient had a negative Phalen's sign; but this is now positive. She continues to have persistent paresthesias. In order to direct her therapy, he states that an asse

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Left Upper Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient is well-documented to have undergone medically-necessary left carpal tunnel release. Following this, her symptomatology did not resolve, causing some concern that she still had a nerve compression of the median nerve at the wrist. In addition, she had other signs and symptoms of the left upper extremity and neck that could be consistent with nerve entrapment at the elbow or wrist, or with cervical radiculopathy. With continued non-operative therapy, the symptoms did not resolve. The utilization review states that "the objective findings on examination do not include evidence of neurologic dysfunction such as sensory, reflex or motor changes." However, as stated by the reviewer, "The patient has persistent paresthesias subjectively," which implies nerve entrapment. Additionally, I would dispute this based on the requesting physician's documentation that is supported by the AME - signs and symptoms of nerve entrapment are present. I would argue with a history of carpal tunnel syndrome and non-resolution of symptoms, as well as signs and symptoms of possible cervical radiculopathy or ulnar nerve entrapment, diagnostic ambiguity exists. As stated in CA MTUS/ACOEM, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS (carpal tunnel syndrome) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." This specifically states that electrodiagnostic tests are appropriate to help differentiate between CTS and other conditions - namely, cervical radiculopathy. As stated also, in more difficult cases EMG may be helpful. I would assert that this is one of those more difficult cases based on the entire medical record reviewed. In summary, based on the totality of the medical record, EMG testing should be authorized as reasoned above.