

Case Number:	CM13-0035193		
Date Assigned:	12/13/2013	Date of Injury:	03/22/2013
Decision Date:	05/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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 expert 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 37-year-old male who was injured on March 22, 2013. Injury occurred while carrying heavy metal. The patient continued to experience pain in both wrists. Physical examination was notable for positive Phalen's sign, 4/5 muscle strength, and restricted range of motions secondary to pain. Diagnosis was bilateral carpal tunnel syndrome. Treatment included medications, bilateral wrist brace, and physical therapy. Request for authorization for EMG to bilateral upper extremities and NCV to bilateral upper extremities was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel

Decision rationale: Carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS). It is seldom required that both studies be accomplished in straightforward condition of median and ulnar neuropathies. In this case the patient complains of bilateral hand pain with associated numbness and weakness. Phalen's test was documented as positive because it produced pain. A true positive Phalen's test produces paresthesias in the distribution of the affected median nerve. There is no documentation of the areas of paresthesias or muscle atrophy in the hand. This is atypical for carpal tunnel syndrome. In addition EMG is recommended only when diagnosis is difficult with NCV studies. There is no documentation to support the need for EMG.

EMG OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel

Decision rationale: Carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS). It is seldom required that both studies be accomplished in straightforward condition of median and ulnar neuropathies. In this case the patient complains of bilateral hand pain with associated numbness and weakness. Phalen's test was documented as positive because it produced pain. A true positive Phalen's test produces paresthesias in the distribution of the affected median nerve. There is no documentation of the areas of paresthesias or muscle atrophy in the hand. This is atypical for carpal tunnel syndrome. In addition EMG is recommended only when diagnosis is difficult with NCV studies. There is no documentation to support the need for EMG.

NCV OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-261. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Carpal Tunnel

Decision rationale: Nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. Carpal tunnel release is indicated in patients who meet criteria for severe carpal tunnel syndrome or not severe carpal tunnel syndrome, who have failed conservative treatment and meet specific criteria. In this case the patient was not a candidate for surgical intervention. Nerve conduction studies were not clinically indicated.

NCV OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Carpal Tunnel

Decision rationale: Nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. Carpal tunnel release is indicated in patients who meet criteria for severe carpal tunnel syndrome or not severe carpal tunnel syndrome, who have failed conservative treatment and meet specific criteria. In this case the patient was not a candidate for surgical intervention. Nerve conduction studies were not clinically indicated.