

Case Number:	CM13-0035737		
Date Assigned:	12/13/2013	Date of Injury:	10/17/2011
Decision Date:	02/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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, has a subspecialty in Pain Medicine 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.

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 38-year-old male who reported an injury on 10/17/2011. The patient is diagnosed with right de Quervain's release with residual compression at the extensor pollicis brevis tendon, and right carpal tunnel syndrome. The patient was seen by [REDACTED] on 07/23/2103. Physical examination revealed a well-healed longitudinal incision over the first dorsal compartment, significant tenderness, positive Finkelstein testing, positive Tinel's and Phalen's testing, and paresthesia in the median nerve distribution. Treatment recommendations included an MRI and electrodiagnostic studies to evaluate the severity of carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies

Decision rationale: California MTUS/ACOEM Practice Guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical

studies may be indicated. Official Disability Guidelines state electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. As per the clinical notes submitted, the patient underwent electrodiagnostic studies of bilateral upper extremities in 03/2012, which indicated normal findings. There is no documentation of a significant increase or change in the patient's symptoms and/or physical examination findings that would warrant the need for a repeat electrodiagnostic study. Furthermore, guidelines do not recommend an EMG to evaluate carpal tunnel syndrome. Based on the clinical information received, the request is noncertified

Hand therapy two (2) times per week for six (6) weeks for twelve (12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Physical Therapy.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Official Disability Guidelines state treatment for carpal tunnel syndrome includes 1 to 3 visits over 3 to 5 weeks. The patient has previously participated in a course of physical therapy. Additionally, it is noted that the patient's right hand pain has persisted despite medication, acupuncture, and physical therapy. There is no documentation of functional improvement following an initial course of physical therapy. Furthermore, the request for 12 sessions of hand therapy greatly exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received, the request is noncertified.