

Case Number:	CM13-0042658		
Date Assigned:	12/27/2013	Date of Injury:	09/04/2013
Decision Date:	02/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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, Rehabilitation, and Pain Management has a subspecialty in Interventional Spine 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 male with date of injury on 09/04/2013. The Doctor's First Report dated 09/30/2013 by [REDACTED] indicates that the patient's diagnoses include: Tendinitis of the bilateral wrist, repetitive strain injury, carpal tunnel syndrome. The patient reports intermittent pain and tingling in both hands starting about 1 year ago. The pain radiates approximately up both arms. He associates these symptoms with frequent heavy lifting and repetitive gripping and grasping required by his work. At the time of the evaluation, the patient reported bilateral wrist pain with numbness and stiffness sensation in both hands and fingers. He has some generalized bilateral shoulder pain with movements. Exam findings included tender bilaterally across the flexor wrist, small ganglion on the right flexor wrist, some decreased right thenar bulk when compared to the left side. Tinel's and Phalen's tests cause pain and tingling bilaterally, Finkelstein's is positive for pain bilaterally. No swelling or erythema of the wrist or hands. Grip strength is weak bilaterally, 3/5. Hand x-rays were negative. A request was made for physical therapy for 6 visits as well as EMG & NCV (Electromyography & Nerve Conduction Velocity) testing to assess for carpal tunnel syndrome. Request for an orthopedic consultation after EMG/NCV (Electromyography/Nerve Conduction Velocity) was completed

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Upper Extremity EMG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 11, page 269 and Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (CTS), Electrodiagnostic studies (EDS).

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

Decision rationale: The records indicate that the patient has had bilateral upper extremity symptoms of pain and numbness and tingling into bilateral hands. The electrodiagnostic testing was recommended to rule out carpal tunnel syndrome. ACOEM Guidelines Page 261 regarding EMG/NCV (Electromyography/Nerve Conduction Velocity) for hand/wrist symptoms states that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. The request for electrodiagnostic studies appears to be reasonable as the patient has experienced intermittent numbness and tingling in the bilateral hands for approximately 1 year according to the records. Therefore, Decision for Bilateral Upper Extremity EMG is medically necessary and appropriate.

Bilateral Upper Extremity NCV: Overturned

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

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

Decision rationale: The records indicate that the patient has had bilateral upper extremity symptoms of pain and numbness and tingling into bilateral hands. The electrodiagnostic testing was recommended to rule out carpal tunnel syndrome. ACOEM Guidelines Page 261 regarding EMG/NCV (Electromyography/Nerve Conduction Velocity) for hand/wrist symptoms states that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. The request for electrodiagnostic studies appears to be reasonable as the patient has experienced intermittent numbness and tingling in the bilateral hands for approximately 1 year according to the records. Therefore the request for Bilateral Upper Extremity NCV is medically necessary and appropriate.

Orthopedic Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome (CTS), Carpal Tunnel Release.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The Doctor's First Report on 09/30/2013 indicates that patient had been experiencing symptoms of intermittent numbness and tingling and pain in the bilateral wrists and forearms. The treatments recommendations were for physical therapy, electrodiagnostics, and orthopedic consult after the nerve conduction studies were performed was recommended. The nerve conduction studies were performed on 10/10/2013, which showed that the study was consistent with left mild ulnar neuropathy at the elbow, with motor nerve involvement. ACOEM Guidelines page 127 regarding referral for consultation states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The records indicate the patient having completed EMG/NCV (Electromyography/Nerve Conduction Velocity) studies, and going through therapy. The treater's request for orthopedic consultation given the complexity of the patient's case. ACOEM guidelines allow for specialty involvement. Therefore, Decision for Orthopedic Consultation is medically necessary and appropriate.