Case Number:	CM13-0071205		
Date Assigned:	01/08/2014	**Date of Injury:**	10/09/2012
Decision Date:	04/08/2014	**UR Denial Date:**	11/27/2013
Priority:	Standard	**Application Received:**	12/26/2013

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 Orthopedic Surgery, 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:

This 62-year-old male assembler reported a bilateral upper extremity injury on 10/9/12 relative to repetitive assembly work. Past medical history was positive for diabetes. The 3/8/13 bilateral upper extremity EMG/NCS documented electrodiagnostic evidence for severe right and moderate to severe left median neuropathy consistent with carpal tunnel syndrome; there was no evidence for ulnar neuropathy or cervical radiculopathy. The patient underwent bilateral carpal tunnel release on 6/3/13. The 10/1/13 treating physician report indicated that the patient did well in the post-operative period until he returned to modified work on 8/26/13. He last worked on 9/14/13. The patient complained of bilateral wrist and hand pins and needles with weak grip strength and occasional difficulty sleeping. Objective findings documented mild bilateral lateral forearm and volar wrist tenderness, intact sensation, negative bilateral Tinel's, and grip strength 15 pounds bilaterally. The surgeon had released the patient on 9/25/13 with no other treatment to offer. The treatment plan included six visits of occupational therapy, wrist splints at night, and Gralise for neuropathic pain. The diagnosis was repetitive strain injury, bilateral upper extremities, and carpal tunnel syndrome, status post carpal tunnel release. The patient was reported capable of modified work, but no modified work was available. The 10/29/13 progress report indicated that the patient had intermittent wrist to elbow pain aggravated with grasping and intermittent pins/needles that had decreased with taking Gralise. Exam noted bilateral lateral epicondyle and volar wrist tenderness, intact sensation, positive bilateral Tinel's, and grip strength 15 pounds right, 10 pounds left. The patient had attended one of six occupational therapy sessions. The 11/19/13 progress report noted completion of all six occupational therapy visits with no significant change in pain. Intermittent pain in both wrists extending to the elbow was rated 7/10 and aggravated by frequent grasping. There was occasional numbness and tingling in the hands with forceful grasping. The patient remained off work. Objective findings

were unchanged from 10/29/13, but for an increase in grip strength. The treatment plan recommended six acupuncture visits. The provider requested bilateral upper extremity EMG/NCS to evaluate the status of carpal tunnel syndrome at 6 months post-surgery, since the patient was still symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for NCS of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS does not address electrodiagnostic testing in chronic carpal tunnel syndrome. The Official Disability Guidelines recommend nerve conduction studies for patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. This patient is not currently a surgical candidate. The surgeon stated that he had no further treatment to offer. Recent comprehensive conservative treatment is not documented as having been tried and failed. Clinical indications for surgery relative to symptoms and physical exam findings have not been met. Therefore, this request for NCS is not medically necessary.

The request for EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines.

Decision rationale: The California MTUS does not provide recommendations for electrodiagnostic testing in chronic carpal tunnel syndrome. The Official Disability Guidelines recommend EMG for carpal tunnel syndrome only in cases where diagnosis is difficult with nerve conduction studies (NCS). Guidelines state that it is seldom required both EMG and NCS be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. The medical necessity of EMG is not established for follow-up of a patient status post carpal tunnel release to assess median neuropathy. Therefore, this request for EMG is not medically necessary.

The request for NCS of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS does not address electrodiagnostic testing in chronic carpal tunnel syndrome. The Official Disability Guidelines recommend nerve conduction studies for patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. This patient is not currently a surgical candidate. The surgeon stated that he had no further treatment to offer. Recent comprehensive conservative treatment is not documented as having been tried and failed. Clinical indications for surgery relative to symptoms and physical exam findings have not been met. Therefore, this request for NCS is not medically necessary.

The request for EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 21-273. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS does not provide recommendations for electrodiagnostic testing in chronic carpal tunnel syndrome. The Official Disability Guidelines recommend EMG for carpal tunnel syndrome only in cases where diagnosis is difficult with nerve conduction studies (NCS). Guidelines state that it is seldom required both EMG and NCS be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. The medical necessity of EMG is not established for follow-up of a patient status post carpal tunnel release to assess median neuropathy. Therefore, this request for EMG is not medically necessary.