

Case Number:	CM14-0002695		
Date Assigned:	02/12/2014	Date of Injury:	06/12/2012
Decision Date:	07/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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 injured worker is a 60 year old female with a date of injury of June 12, 2012. The mechanism of injury is reported is continuous trauma. A progress note dated September 30, 2013 is provided for review indicating that the claimant is status post carpal tunnel release of the right hand on October 12, 2012, status post carpal tunnel release on the left hand on January 18, 2013, and status post left elbow surgery on May 10, 2013. The claimant was released to regular duty as of August 20, 2013 and released from care. On this date, the claimant presented with complaints of continuous pain in the neck with radiation from her hands to the neck and ear. Paresthesias in the upper extremities are reported. Frequent headaches are also reported. The pain is aggravated with movement. Continuous pain in the bilateral shoulders is also reported with radiation to the neck and hands. Sensitivity to the shoulder is reported. The pain increases with reaching, pushing, pulling, and any type of lifting. Elevation of the upper extremity above the shoulder causes an increase in pain. Continuous pain in the left elbow is also reported that travels to the shoulders and hands. This pain is aggravated by touch and increased with reaching, pushing, pulling, and lifting. The claimant also complains of continuous left wrist/hand pain that travels to the fingers, up the arm, to the head, and ear. Pain in the right wrist and hand is also reported with weakness in the right index finger and pain traveling to the arm and neck. Cramping and weakness in the right hand is documented. The claimant also reports intermittent pain in the right chest. Physical examination of the cervical spine reveals spasm and tenderness over the paravertebral musculature. Range of motion was painful and decreased. Reflexes were normal. Motor testing of the deltoid on the right and left is 4/5, otherwise 5/5 throughout. Sensory testing is decreased with pain in the CAT distribution, otherwise is intact throughout. Jamar grip testing is 10/10/10 on the right and 10/15/10 on the left. Left shoulder tenderness was noted with positive impingement and Hawkins tests. Elbow examination reveals no tenderness over the

epicondyles, with no tenderness over the lateral epicondyle with resisted wrist extension. No instability or Tinel's signs are noted. Wrist and hand examination reveals tenderness over the left distal radius, Phalen's and reverse Phalen's testing were positive on the left. 2 point discrimination was decreased 8 mm over the left hand. No atrophy or tenderness was noted in the thenar, hypo thenar, and intrinsic and musculatures. An encounter note dated October 28, 2013 indicates that the claimant returns with significant back pain radiating into the upper extremities with paresthesias and weakness. Bilateral wrist pain with numbness and weakness with a notation of numbness in the ring and pinky fingers is reported. Decreased sensation is noted over the distribution of the left ulnar nerve with a well healed incision over the left elbow. Positive Phalen's and reverse Phalen's signs are noted bilaterally. Spasm, tenderness, and guarding are noted in the paravertebral musculature of the cervical spine with decreased range of motion. The record indicates the claimant has attempted to return to the workplace with modified work duties which include no use of the left hand. She is now reporting right hand symptoms. The claimant was placed on total temporary disability pending follow-up, due to the exacerbation of pain. Medications are refilled and follow-up in 4-6 weeks is recommended. A request for left shoulder and cervical spine MRI studies is made additionally, updated electrodiagnostic studies of the upper extremities is also requested. The diagnoses include: cervical radiculopathy, shoulder impingement, epicondylitis of the elbow (medial), carpal tunnel syndrome, and lesion of ulnar nerve. A supplemental report dated November 22, 2013 indicates a denial to the neurodiagnostic studies of the bilateral upper extremities. This report indicates an appeal to the utilization review determination for this request. A report of continued paresthesias and weakness into the hands and wrists bilaterally with numbness, tingling, and weakness is noted. Difficulty with ADLs is reported. Phalen's and reverse Phalen's tests are positive on the wrists bilaterally. Clinical signs of cubital tunnel syndrome are also noted with a positive Tinel's sign. Decreased grip strength is reported with decreased range of motion. The documentation indicates that the bilateral upper extremity electrodiagnostic studies are being requested to further evaluate the claimant's continued symptomatology postoperatively and further assess the presence of a median nerve abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) RIGHT UPPER EXTREMITY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM Guidelines indicate "appropriate electrodiagnostic studies, may help differentiate carpal tunnel syndrome from cervical radiculopathy and other median nerve neuropathies at the elbow, noting that in select more difficult cases, EMG studies should be incorporated". In this case, the request is not solely for the purpose of evaluating for one specific finding, but to aid in securing or excluding a diagnosis of carpal tunnel syndrome of either upper extremity, and cubital tunnel syndrome on the left. When noting the claimant's prior surgeries for

the carpal tunnel syndrome bilaterally, and the prior left cubital tunnel release, the diffuse upper extremity hand, wrist, elbow, shoulder, and neck symptomatology, and the persistent clinical findings that are consistent with a diagnosis of recalcitrant carpal tunnel syndrome, a clinical indication would exist in this case, as the above noted circumstances would justify this as 'a more complicated case'. Based on the clinical data available, this request is medically necessary and appropriate.

ELECTROMYOGRAPHY (EMG) LEFT UPPER EXTREMITY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM Guidelines indicate "appropriate electrodiagnostic studies, may help differentiate carpal tunnel syndrome from cervical radiculopathy and other median nerve neuropathies at the elbow, noting that in select more difficult cases, EMG studies should be incorporated". In this case, the request is not solely for the purpose of evaluating for one specific finding, but to aid in securing or excluding a diagnosis of carpal tunnel syndrome of either upper extremity, and cubital tunnel syndrome on the left. When noting the claimant's prior surgeries for the carpal tunnel syndrome bilaterally, and the prior left cubital tunnel release, the diffuse upper extremity hand, wrist, elbow, shoulder, and neck symptomatology, and the persistent clinical findings that are consistent with a diagnosis of recalcitrant carpal tunnel syndrome, a clinical indication would exist in this case, as the above noted circumstances would justify this as 'a more complicated case'. Based on the clinical data available, this request is medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) LEFT UPPER EXTREMITY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM Guidelines indicate "appropriate electrodiagnostic studies, may help differentiate carpal tunnel syndrome from cervical radiculopathy and other median nerve neuropathies at the elbow, noting that in select more difficult cases, EMG studies should be incorporated". In this case, the request is not solely for the purpose of evaluating for one specific finding, but to aid in securing or excluding a diagnosis of carpal tunnel syndrome of either upper extremity, and cubital tunnel syndrome on the left. When noting the claimant's prior surgeries for the carpal tunnel syndrome bilaterally, and the prior left cubital tunnel release, the diffuse upper extremity hand, wrist, elbow, shoulder, and neck symptomatology, and the persistent clinical findings that are consistent with a diagnosis of recalcitrant carpal tunnel syndrome, a clinical indication would exist in this case, as the above noted circumstances would justify this as 'a more

complicated case'. Based on the clinical data available, this request is medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) RIGHT UPPER EXTREMITY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The ACOEM Guidelines support NCV studies in select clinical settings where a clinical concern for median nerve impingement is present after failure of conservative treatment. The claimant has a clinical presentation with signs and symptoms consistent with carpal tunnel syndrome despite prior surgical intervention bilaterally. Additionally, there is a clinical concern for cubital tunnel syndrome with a positive Tinel's sign at the elbow. The ACOEM Guidelines notes that "appropriate electrodiagnostic studies, may help differentiate carpal tunnel syndrome from cervical radiculopathy and other median nerve neuropathies at the elbow, noting that in select more difficult cases, EMG studies should be incorporated". In this case, the request is not solely for the purpose of evaluating for one specific finding, but to aid in securing or excluding a diagnosis of carpal tunnel syndrome of either upper extremity, and cubital tunnel syndrome on the left. When noting the claimant's prior surgeries for the carpal tunnel syndrome bilaterally, and the prior left cubital tunnel release, the diffuse upper extremity hand, wrist, elbow, shoulder, and neck symptomatology, and the persistent clinical findings that are consistent with a diagnosis of recalcitrant carpal tunnel syndrome, a clinical indication would exist in this case, as the above noted circumstances would justify this as 'a more complicated case'. Based on the clinical data available, this request is medically necessary and appropriate.