

Case Number:	CM14-0009698		
Date Assigned:	04/25/2014	Date of Injury:	08/24/2012
Decision Date:	05/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 Neurology 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 IW is a 28-year old right hand dominant male first reporting chronic trauma injury bilaterally to his upper arms and wrists from use of heavy power tools in his workplace. The documentation reviewed for this IMR indicates that electrodiagnostic studies (EMG and NCV) of the bilateral upper extremities demonstrated right carpal tunnel syndrome (CTS) and possible left CTS. In reference to a clinical exam on 9/20/2012 reports negative Tinel's tests and positive Phalen's tests bilaterally. The IW was prescribed pain medications, splinting, and physical/occupational therapy at that time, and was referred for a surgical consult. Progress notes referenced in the documentation as those from the referred surgeon indicate that the IW received cortisone injections in the right and the left wrists, which reduced his symptomology by up to 70% for many months. There are no additional treatment/progress notes after the note dated 12/20/2012, but the IW presented for clinical assessment on 12/2/2013 and a second assessment on 12/13/2013, reporting a return of bilateral wrist pain and associated numbness and weakness. The IW reported that he had not been taking medication nor splinting prior to the exams. Both of these later physicians' performed clinical exams and report that the diagnosis of CTS has been appropriate, citing positive provocations tests (positive Phalen's and equivocal Tinel's) similar to those found upon initial presentation and prior to treatment. Each doctor has requested a new EMG and NCS, indicating that the IW may be referred again for carpal tunnel release surgeries. These requests were non-certified on 12/23/2013 and 1/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ELECTROMYOGRAPHY OF BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262, 270.

Decision rationale: The ACOEM Guidelines concerning carpal tunnel syndrome allow for an electrodiagnostic study (EDS) to be repeated later in the course of treatment if symptoms persist and a prior EDS has demonstrated negative results. The ACOEM guidelines further state that positive clinical findings for carpal tunnel syndrome must be supported by nerve-conduction studies before nerve release surgery should be performed. In this case, the electrodiagnostic testing (EMG and NCV) performed on 9/17/2012 was sufficient to support the clinical findings for CTS, and the documentation provided for this review does not indicate that the current clinical findings differ significantly from the those reported in the initial clinical examination. Without clinically significant evidence of progression of symptomology from the time of initial EDS to the present (e.g., muscle atrophy), it is unwarranted to assume that a second EMG and NCV will provide any more or (or less) conclusive support for this diagnosis than that which was provided by the first. Based on the review of the documentation provided and application of the MTUS/ACOEM Guidelines, the request for a second EMG and NCV studies is not medically necessary.

1 NERVE CONDUCTION STUDY OF THE BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262,270.

Decision rationale: The ACOEM Guidelines concerning carpal tunnel syndrome allow for an electrodiagnostic study (EDS) to be repeated later in the course of treatment if symptoms persist and a prior EDS has demonstrated negative results. The ACOEM guidelines further state that positive clinical findings for carpal tunnel syndrome must be supported by nerve-conduction studies before nerve release surgery should be performed. In this case, the electrodiagnostic testing (EMG and NCV) performed on 9/17/2012 was sufficient to support the clinical findings for CTS, and the documentation provided for this review does not indicate that the current clinical findings differ significantly from the those reported in the initial clinical examination. Without clinically significant evidence of progression of symptomology from the time of initial EDS to the present (e.g., muscle atrophy), it is unwarranted to assume that a second EMG and NCV will provide any more or (or less) conclusive support for this diagnosis than that which was provided by the first. Based on the review of the documentation provided and application of the MTUS/ACOEM Guidelines, the request for a second EMG and NCV studies is not medically necessary.

