

Case Number:	CM14-0012576		
Date Assigned:	02/21/2014	Date of Injury:	03/05/2012
Decision Date:	07/18/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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, has a subspecialty in Neurocritical Care, 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:

This is a 48-year-old male with a 3/5/12 date of injury. The mechanism of injury was frequent use of the hand and wrist. The patient is status post carpal tunnel release and TFCC debridement on November 2012. A 1/21/14 medical report identifies pain in the right wrist up to the right upper extremity and not to neck area. Exam revealed moderate dorsal wrist tenderness. Range of motion is 65 flexion and -15 extension. There was a positive Tinel's at the ulnar nerve at the elbow. Sensory exam was intact. Grip strength was right 10 and left 70. Diagnoses include carpal tunnel syndrome, sprain and strain of the carpal (joint) wrist, CTD of the right upper extremity, and rule out cervical radiculopathy. The patient is status post right open carpal tunnel release without relief of symptoms, and possible ligamentous injury right wrist. A 12/10/13 medical report identifies numbness and tingling in the right thumb, index, middle, and ring fingers. He has pain with twisting when opening jar. There is no pain in the right wrist when twisting his wrist while opening jar. There is pain throughout the entire right upper extremity at times up to his lateral neck. Exam revealed positive Tinel's at the elbow, negative at the wrist, and negative Phalen's. A 7/15/13 medical report identifies that therapy helped a lot. Treatment to date includes medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The patient had a carpal tunnel release surgical procedure on 2012, after which there was significant improvement documented. It also appears that the patient began to experience recurrent neurological symptoms in the upper extremity. However, the medical reports did not clearly identify if the findings follow a specific nerve distribution. There were also inconsistencies on the reports. One report cited pain when opening jars, followed by the statement of no pain when opening jars. The findings on December included pain up to neck, yet on January it was stated that the pain did not radiate to the neck. In addition, the objective findings only identified decreased grip strength and positive Tinel's at the elbow. There was no other indication of possible cubital tunnel and the diagnosis did not address it. As such, the request is not medically necessary.

NERVE CONDUCTION VELOCITY OF THE BILATERAL UPPER EXTREMITIES:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that nerve conduction studies may be recommended to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The patient apparently had right upper extremity neuropathic symptoms. However, these were non-specific, and there were insufficient objective findings to delineate a possible etiology. It was not clear if there was radiation to the neck, or if there were positive findings (on exam) of recurrent carpal tunnel syndrome. As such, the request is not medically necessary.