MAXIMUS Federal Services

Case Number:	CM14-0022221		
Date Assigned:	05/09/2014	Date of Injury:	07/14/2011
Decision Date:	07/10/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physicla medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 66-year-old with date of injury July 14, 2011. Per treating physician's report 01/16/2014, patient is seen for evaluation of both hands, who underwent bilateral open carpal tunnel releases approximately two years ago, that resulted in resolution of nocturnal symptoms but otherwise nothing else improved. Recently, the symptoms have gotten worse. Her symptoms include bilateral hand numbness in the median nerve distribution, weaknesses, and some night pain. Examination showed no atrophy, 5/5 strength, full range of motion of the hands, wrists, and elbows, Semmes Weinstein Monofilament testing showed threshold 2.83 bilaterally, right thumb is 4.31 and remaining digits are 3.61. Assessment was bilateral STT arthritis with minimal symptomatology, persistent worsening symptoms of carpal tunnel. Under treatment plan, it states that the electrodiagnostic studies were done in June of 2013 showing significant abnormalities both median nerves. The patient's symptoms are getting worse and the recommendation was for up-to-date electrodiagnostic studies to determine if there are any changes in the findings. If the findings were worse, then it would be an indication to proceed with surgery, but if the findings are better, then surgery can wait. The utilization review letter is dated January 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) OF THE RIGHT UPPER EXTREMITIES: Upheld

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

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

Decision rationale: This patient presents with worsening and persistent symptoms of the bilateral hands being status post carpal tunnel release from a couple of years ago. The current treating physician, [redacted], has asked for updated electrodiagnostic studies but the patient had a set of electrodiagnostic studies in June of 2013 about seven months ago. The treating physician wanted to base current surgical decision on updated electrodiagnostic studies. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines allow electrodiagnostic studies of the upper extremities to differentiate carpal tunnel syndrome and other conditions such as radiculopathy. Repeat studies are recommended if the initial studies are negative but the patient continues to be symptomatic. In this case, the patient had a set of electrodiagnostic studies in June of 2013 that showed significant median neuropathies across the wrists, per treating physician. The patient already has a diagnosis of carpal tunnel syndrome, clinically and with electrodiagnostic studies. Repeat electrodiagnostic studies are not supported in this situation. It is well accepted that surgical decision is not only based on electrodiagnostic studies but based on patient's clinical presentation of symptoms. The request for an EMG of the right upper extremities is not medically necessary or appropriate.

EMG OF THE LEFT UPPER EXTREMITIES: Upheld

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

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

Decision rationale: This patient presents with worsening and persistent symptoms of the bilateral hands being status post carpal tunnel release from a couple of years ago. The current treating physician, [redacted], has asked for updated electrodiagnostic studies but the patient had a set of electrodiagnostic studies in June of 2013 about seven months ago. The treating physician wanted to base current surgical decision on updated electrodiagnostic studies. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines allow electrodiagnostic studies of the upper extremities to differentiate carpal tunnel syndrome and other conditions such as radiculopathy. Repeat studies are recommended if the initial studies are negative but the patient continues to be symptomatic. In this case, the patient had a set of electrodiagnostic studies in June of 2013 that showed significant median neuropathies across the wrists, per treating physician. The patient already has a diagnosis of carpal tunnel syndrome, clinically and with electrodiagnostic studies. Repeat electrodiagnostic studies are not supported in this situation. It is well accepted that surgical decision is not only based on electrodiagnostic studies but based on patient's clinical presentation of symptoms. The request for an EMG of the left upper extremities is not medically necessary or appropriate.

NCV (NERVE CONDUCTION VELOCITY) OF THE RIGHT UPPER EXTREMITIES: Upheld

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

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

Decision rationale: This patient presents with worsening and persistent symptoms of the bilateral hands being status post carpal tunnel release from a couple of years ago. The current treating physician, [redacted], has asked for updated electrodiagnostic studies but the patient had a set of electrodiagnostic studies in June of 2013 about seven months ago. The treating physician wanted to base current surgical decision on updated electrodiagnostic studies. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines allow electrodiagnostic studies of the upper extremities to differentiate carpal tunnel syndrome and other conditions such as radiculopathy. Repeat studies are recommended if the initial studies are negative but the patient continues to be symptomatic. In this case, the patient had a set of electrodiagnostic studies in June of 2013 that showed significant median neuropathies across the wrists, per treating physician. The patient already has a diagnosis of carpal tunnel syndrome, clinically and with electrodiagnostic studies. Repeat electrodiagnostic studies are not supported in this situation. It is well accepted that surgical decision is not only based on electrodiagnostic studies but based on patient's clinical presentation of symptoms. The request for an NCV of the right upper extremities is not medically necessary or appropriate.

NCV OF THE LEFT UPPER EXTREMITIES: Upheld

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

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

Decision rationale: This patient presents with worsening and persistent symptoms of the bilateral hands being status post carpal tunnel release from a couple of years ago. The current treating physician, [redacted], has asked for updated electrodiagnostic studies but the patient had a set of electrodiagnostic studies in June of 2013 about seven months ago. The treating physician wanted to base current surgical decision on updated electrodiagnostic studies. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines allow electrodiagnostic studies of the upper extremities to differentiate carpal tunnel syndrome and other conditions such as radiculopathy. Repeat studies are recommended if the initial studies are negative but the patient continues to be symptomatic. In this case, the patient had a set of electrodiagnostic studies in June of 2013 that showed significant median neuropathies across the wrists, per treating physician. The patient already has a diagnosis of carpal tunnel syndrome, clinically and with electrodiagnostic studies. Repeat electrodiagnostic studies are not supported in this situation. It is well accepted that surgical decision is not only based on electrodiagnostic

studies but based on patient's clinical presentation of symptoms. The request for an NCV of the left upper extremities is not medically necessary or appropriate.