

Case Number:	CM14-0204163		
Date Assigned:	12/16/2014	Date of Injury:	04/01/2013
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal Medicine 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 (IW) is a 49-year-old woman with a date of injury of April 1, 2013. The mechanism of injury is documented as a cumulative trauma. The injured worker's working diagnoses are status post right carpal tunnel release on January 22, 2014; and left carpal tunnel syndrome. Pursuant to the Primary Treating Physician's Progress Report dated October 16, 2014; the IW is nine months postoperative right hand carpal tunnel release. She has improvement on the right hand pain and paresthesia. She is having persistent left hand pain and paresthesias over the medial nerve distribution. She has been wearing a brace for over 6 months. She has completed a course of physical therapy, but symptoms persist. Examination of the left hand reveals full range of motion. There is decreased sensation to light touch in the median nerve distribution. Motor exam is intact. Phalen's test is positive. Carpal tunnel compression test is positive. Tinel's test is positive. Finkelstein's test is negative. Electrodiagnostic studies were performed on June 10, 2014, which showed carpal tunnel syndrome (CTS) on the right. Electrodiagnostic studies were negative on the left for CTS. The IW takes Relafen 750mg for pain. The provider submitted a request for authorization for left carpal tunnel release surgery. However, the request was not authorized, as there were no recent electrodiagnostic studies showing CTS on the left side. The current request is for EMG/NCV of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal Tunnel Syndrome, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. Nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by your conduction tests before surgery is undertaken. In this case, bilateral electrodiagnostic studies were performed on June 10, 2013 on the right and left wrists to rule out carpal tunnel syndrome. There were positive findings on the right with negative findings on the left. The injured worker underwent carpal time release surgery January 22, 2014 on the right wrist. Symptoms and signs of the right wrist have been improving. However, the injured worker has developed more pain and numbness despite ongoing physical therapy and splinting of the left wrist. The treating physician's working diagnosis is left carpal, syndrome. The treating physician is anticipating carpal, release surgery on the left wrist. The treating physician would like to repeat the electrodiagnostic testing of the bilateral upper extremities. Although the electrodiagnostic testing for the left wrist is clinically indicated, there is no medical justification for performing electrodiagnostic testing of the right upper extremity. Consequently, absent the appropriate clinical indication (electrodiagnostic study right upper extremity), EMG/NCV of the bilateral upper extremities is not medically necessary.