

Case Number:	CM15-0025572		
Date Assigned:	02/18/2015	Date of Injury:	07/22/2010
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 42 year old male with an industrial injury dated 07/22/2010. His diagnoses include bilateral carpal tunnel syndrome, status post left elbow medial epicondylectomy with ulnar nerve decompression, status post right carpal tunnel release and decompression of the ulnar nerve, right shoulder rotator cuff tendinitis with labral tear, umbilical hernia, and left cubital syndrome. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, physical therapy, left elbow medial epicondylectomy with ulnar nerve decompression (03/04/2014), right carpal tunnel release and decompression of the ulnar nerve (06/21/2012), and right shoulder arthroscopy. In a progress note dated 12/30/2014, the treating physician reports continued left wrist pain with numbness and tingling in the left hand with radiation into the left elbow when the elbow is placed on a hard surface and improved with range of motion. The objective examination revealed positive Phalen's, carpal tunnel compression, Tinel's and Finkelstein's tests. The treating physician is requesting left carpal tunnel release surgery, and EMG/NCV studies of the left wrist which were denied/modified by the utilization review. On 01/13/2015, Utilization Review non-certified/modified a request for endoscopic left carpal tunnel release surgery, noting the lack of electrodiagnostic report with confirmed diagnosis of carpal tunnel syndrome. The ACOEM Guidelines were cited. On 01/13/2015, Utilization Review modified a request for EMG/NCV left carpal tunnel syndrome/left upper extremity to the approval for NCV of the left upper extremity, noting that electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. The MTUS ACOEM ODG Guidelines

were cited. On 02/10/2015, the injured worker submitted an application for IMR for review of endoscopic left carpal tunnel release surgery, and EMG left carpal tunnel syndrome, left upper extremity. Agreed Medical Re-evaluation dated 6/11/13 noted electrodiagnostic studies from 6/14/12 stating no evidence of a left median nerve entrapment at the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopic left carpal tunnel release surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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

Decision rationale: The patient is a 42 year old male with signs and symptoms of possible left carpal tunnel syndrome that had failed conservative measures. However, in the medical records provided for review, there were no confirmatory electrodiagnostic studies. From ACOEM, page 270, Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Thus, without confirmatory electrodiagnostic studies supporting median nerve entrapment of the left wrist, left carpal tunnel release should not be considered medically necessary.

EMG/NCV left carpal tunnel syndrome, left upper extremity: Overturned

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

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

Decision rationale: The patient is a 42 year old male with signs and symptoms of possible left carpal tunnel syndrome that has failed conservative management. Without previous confirmatory electrodiagnostic studies and continued symptomatology, it is reasonable to repeat the electrodiagnostic studies. From ACOEM page 26, Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of

treatment if symptoms persist. Based on the medical records reviewed, the patient has had a long course of symptomatology that previously was not confirmed by electrodiagnostic studies. This should be considered a more difficult case and electromyography should be incorporated into the study. Thus, electrodiagnostic studies with electromyography should be considered medically necessary for this patient.