

Case Number:	CM15-0041443		
Date Assigned:	03/11/2015	Date of Injury:	03/10/2008
Decision Date:	04/20/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 51 year old female who sustained a work related injury on March 10, 2008, incurred left wrist and hand injuries. She complained of acute onset of sharp pain in her wrist. Treatment included splints, home exercise program, pain medications and anti-inflammatory drugs. Currently the injured worker complained of right thumb pain and inflammation with limited range of motion. Treatment included pain management and exercises. Authorization was requested for electromyogram of the right upper extremity, electromyogram for the left upper extremity and nerve conduction studies of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left upper extremity: 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.

Decision rationale: Carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. Clinical testing may include Tinel's sign, Semmes-Weinstein test, Durkan's test, Phalen's sign, and square wrist sign. Electrodiagnostic testing, including electromyography and nerve conduction velocity studies may help differentiate carpal tunnel syndrome from other conditions such as cervical radiculopathy. In this case the studies were ordered for evaluation of possible carpal tunnel syndrome. There is no documentation in the medical record that the patient has numbness/tingling. The patient's chief complaint is right thumb pain. Sensation is intact on physical examination. Documentation in the medical record does not support the diagnosis of carpal tunnel syndrome. Electrodiagnostic testing is not indicated. The request should not be authorized.

NCS left upper extremity: 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.

Decision rationale: Carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. Clinical testing may include Tinel's sign, Semmes-Weinstein test, Durkan's test, Phalen's sign, and square wrist sign. Electrodiagnostic testing, including electromyography and nerve conduction velocity studies may help differentiate carpal tunnel syndrome from other conditions such as cervical radiculopathy. In this case the studies were ordered for evaluation of possible carpal tunnel syndrome. There is no documentation in the medical record that the patient has numbness/tingling. The patient's chief complaint is right thumb pain. Sensation is intact on physical examination. Documentation in the medical record does not support the diagnosis of carpal tunnel syndrome. Electrodiagnostic testing is not indicated. The request should not be authorized.

EMG right upper extremity: 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.

Decision rationale: Carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in

the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. Clinical testing may include Tinel's sign, Semmes-Weinstein test, Durkan's test, Phalen's sign, and square wrist sign. Electrodiagnostic testing, including electromyography and nerve conduction velocity studies may help differentiate carpal tunnel syndrome from other conditions such as cervical radiculopathy. In this case the studies were ordered for evaluation of possible carpal tunnel syndrome. There is no documentation in the medical record that the patient has numbness/tingling. The patient's chief complaint is right thumb pain. Sensation is intact on physical examination. Documentation in the medical record does not support the diagnosis of carpal tunnel syndrome. Electrodiagnostic testing is not indicated. The request should not be authorized.