

<b>Case Number:</b>	CM15-0041957		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	01/05/2007
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 44-year-old female who reported injury on 01/05/2007. The mechanism of injury was not provided. Prior treatments included a right upper extremity EMG/NCV and physical therapy. The nerve conduction velocity test and EMG were of poor fax quality and difficult to read. There was a Request for Authorization submitted for review dated 01/06/2015. The documentation of 01/27/2015 revealed the injured worker had bilateral upper extremity complaints. The injured worker was noted to have a history of radiculopathy. The injured worker had an EMG nerve conduction study previously and the results were not provided. The physical examination revealed carpal tunnel compression, Phalen's, and Tinel's test for positive on the right greater than the left. The injured worker had a positive Finkelstein's bilaterally near equal at the elbows. The treatment plan included a carpal tunnel release on the right side, preoperative medical clearance and postoperative physical therapy. The injured worker was noted to have good response to injections in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Hand Carpal Tunnel Release: 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): 270-271.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Carpal Tunnel Syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The clinical documentation submitted for review provided electrodiagnostic studies. However, they were of poor fax quality and illegible. There was a lack of documentation indicating the injured worker had failed conservative management including bracing. The documentation indicated the injured worker had previously undergone injections. The documentation indicated the injured worker had positive findings upon physical examination. However, given the lack of documentation of positive findings on legible nerve conduction testing, the request for right hand carpal tunnel release is not medically necessary.

**EMG/NCV of the Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review indicated the injured worker had previously undergone EMG/NCV testing. There was a lack of documentation indicating a significant change in symptoms or findings to support the necessity for a repeat EMG/NCV. Given the above, the request for EMG/NCV of the Right Upper Extremity is not medically necessary.

**Pre-Operative Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Therapy (2 times a week for 10 weeks for the right hand):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.