

Case Number:	CM14-0149128		
Date Assigned:	09/18/2014	Date of Injury:	11/23/2009
Decision Date:	10/29/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 48 year old male who sustained a work injury on 11-23-09. Office visit on 8-27-14 notes the claimant reported one occasion where his left thumb in locked flexion and quite painful. The claimant now has paresthesias to the right hand. He thinks he has now developed carpal tunnel syndrome. On exam, the claimant has good range of motion of the right wrist, Phalen's sign is present. Two point sensory exam is 5 mm. The evaluator agreed that since he has been protecting the left hand and using it less, he is using the right hand more and as a result he has developed symptoms of Carpal Tunnel Syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study (NCS) of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259-267.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines wrist and forearm disorders carpal tunnel syndrome - diagnostic criteria diagnostic investigatio.

Decision rationale: ACOEM notes that patients with a presumptive diagnosis of CTS should have both: 1) tingling or numbness in a median nerve distribution, generally involving at least two median nerve-served digits (they may also have pain or burning in a median nerve

distribution, but should have paresthesias); and 2) symptoms that are provoked either nocturnally or with sustained grasp (e.g., holding a tool, steering wheel or newspaper). Patients with a confirmed diagnosis of CTS should have both symptoms as with a presumptive diagnosis above, and either: 1) a confirmatory electrodiagnostic study (EDS) interpreted as consistent with CTS; or 2) largely or completely resolved symptoms with injection of a glucocorticosteroid. There is an absence in d objective documentation noting pain in a Median nerve distribution or provoked either nocturnally or with sustained grasp. It is further noted that EDS is not recommended for initial evaluation of most CTS patients as it does not change the management of the condition and other interventions have been shown to be efficacious. EDS is also not recommended prior to glucocorticosteroid injection as a good history and clinical suspicion is believed to be sufficient to warrant the intervention which would not likely be altered by EDS. Therefore, the medical necessity of this request is not established.

Electromyography (EMG) of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259-267.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines hand, wrist and forearm disorders carpal tunnel syndrome - diagnostic criteria - diagnostic inve.

Decision rationale: ACOEM notes that patients with a presumptive diagnosis of CTS should have both: 1) tingling or numbness in a median nerve distribution, generally involving at least two median nerve-served digits (they may also have pain or burning in a median nerve distribution, but should have paresthesias); and 2) symptoms that are provoked either nocturnally or with sustained grasp (e.g., holding a tool, steering wheel or newspaper). Patients with a confirmed diagnosis of CTS should have both symptoms as with a presumptive diagnosis above, and either: 1) a confirmatory electrodiagnostic study (EDS) interpreted as consistent with CTS; or 2) largely or completely resolved symptoms with injection of a glucocorticosteroid. There is an absence in d objective documentation noting pain in a Median nerve distribution or provoked either nocturnally or with sustained grasp. It is further noted that EDS is not recommended for initial evaluation of most CTS patients as it does not change the management of the condition and other interventions have been shown to be efficacious. EDS is also not recommended prior to glucocorticosteroid injection as a good history and clinical suspicion is believed to be sufficient to warrant the intervention which would not likely be altered by EDS. Therefore, the medical necessity of this request is not established.