MAXIMUS Federal Services

Case Number:	CM14-0097040		
Date Assigned:	07/28/2014	Date of Injury:	01/27/2004
Decision Date:	10/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family Practice, and is licensed to practice in North Carolina. 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 patient is a 50-year-old male with a reported date of injury of 01/27/2004. The patient has the diagnoses of carpal tunnel syndrome on the left. The patient has undergone carpal tunnel release surgery. Per the most recent progress notes provided for review by the primary treating physician dated 06/04/2014, the patient had complaints of pain in the right wrist and increasing numbness. The physical exam noted decreased grip strength on the right and positive provocative signs for carpal tunnel syndrome on the right. Treatment plan recommendations included EMG/NCV of the right upper extremity and possible surgical intervention if the tests were positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) carpal tunnel syndrome page(s) 261-262

Decision rationale: The ACOEM chapter on carpal tunnel syndrome states: Carpal Tunnel SyndromeCTS does not produce hand or wrist pain. It most often causes digital numbingor

tingling primarily in the thumb, index, and long finger or numbness inthe wrist. Symptoms of pain, numbness, and tingling in the hands are commonin the general population, but based on studies, only about one in five symptomaticsubjects would be expected to have CTS based on clinical examinationand electrophysiologic testing.Clinical testing may include:- Administration of a Katz hand diagram: The patient is provided witha form that shows outlines of the arms, and the palmar and dorsalsurfaces of the hands. The patient identifies areas of discomfort--characterizing them as pain, numbness, tingling, or other--on eachof the diagrams the patient finds necessary. The results are termed"probable," "possible," or "unlikely," depending upon specified criteria.- Testing for Tinel's sign: Up to six taps to the soft tissue overlying thecarpal tunnel. A positive test occurs when the taps cause paresthesiasin the median nerve distribution.- Performing the Semmes-Weinstein test: A test involving nylon monofilamentsthat collapse at specific amounts of force when pushed perpendicularlyagainst the palm or fingers. A positive test results whena filament of greater than normal size is required in order for itsapplication to be perceived by the patient.- Durkan's test: The examiner holds the supinated wrist in both handsand applies direct, even pressure over the transverse carpal ligamentwith both thumbs for up to 30 seconds. A positive test is indicatedby tingling or paresthesia into the thumb, index finger, and middleand lateral half of the ring finger within 30 seconds.- Testing for Phalen's sign: Prolonged, forced hyperflexion of the wristis produced by requesting the patient to push the dorsa of both handstogether, and to hold that position with the wrists in 90 degrees offlexion for sixty seconds. A positive test produces paresthesias in thedistribution of the affected median nerve.- Checking for the square wrist sign: The square wrist sign is positiveif the ratio of the thickness of the wrist divided by the width of thewrist is greater than 0.7.Appropriate electrodiagnostic studies (EDS) may help differentiate betweenCTS and other conditions, such as cervical radiculopathy. These mayinclude nerve conduction studies (NCS), or in more difficult cases, electromyography(EMG) may be helpful. NCS and EMG may confirm the diagnosisof CTS but may be normal in early or mild cases of CTS. If the EDS arenegative, tests may be repeated later in the course of treatment if symptomspersist.The American Association of Electrodiagnostic Medicine, the AmericanAcademy of Neurology, and the American Academy of Physical Medicineand Rehabilitation jointly published a practice parameter for electrodiagnosticstudies in CTS. In patients with suspected CTS, the following EDS studiesare recommended:1. Perform a median sensory NCS across the wrist with a conductiondistance of 13 to 14 centimeters. If the result is abnormal, compare the result of the median sensory NCS to the result of a sensory NCS of one other adjacent sensory nerve in the symptomatic limb. 2. If the initial median sensory NCS across the wrist has a conduction distance greater than 8 cm and the result is normal, one of the following additional studies is recommended: a. Comparison of median-sensory- or mixed-nerve conduction across the wrist over a short (7 to 8 cm) conduction distance with ulnarsensory-nerve conduction across the wrist over the same 7- to 8- cm conduction distance b. Comparison of median-sensory conduction across the wrist with radial- or ulnar-sensory conduction across the wrist in the same limb c. Comparison of median-sensory or mixed-nerve conduction through the carpal tunnel to sensory- or mixed-nerve conduction velocity of proximal (forearm) or distal (digit) segments of the median nerve in the same limb. The patient has complaints of right wrist pain and numbness. The physical exam only mentions that provocative tests for carpal tunnel syndrome were positive with no further detail as outlined above. There is no documentation of previous treatment or treatment failures for the right wrist. For these reasons, criteria for EDG have not been met and therefore the request is not certified.

Nerve conduction study of the upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) carpal tunnel syndrome page(s) 261-262

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