Case Number:	CM14-0212877		
Date Assigned:	12/30/2014	**Date of Injury:**	12/12/2013
Decision Date:	02/28/2015	**UR Denial Date:**	11/24/2014
Priority:	Standard	**Application Received:**	12/19/2014

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. 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 patient is a 37 year old female with a reported date of injury on 12/12/13 who requested bilateral endoscopic carpal tunnel release, EMG of the left upper extremity and EMG of the right upper extremity. Initial orthopedic examination dated 11/5/14 notes that the patient complains of bilateral wrist pain with associated numbness and tingling worsened by an acute on chronic injury as she had suffered a fall on 10/13/14. This has significantly affected her activities of daily living. Examination notes grip strength of 10/10/10 bilaterally, with tenderness over the carpal canal. Range of motion values are listed and are consistent with normal values. 'Neurovascular status is intact. No gross weakness is noted. No numbness of the fingers is noted. Neurovascular examination on the left notes diminished sensation in the radial digits, a very profound Tinel's sign, positive median nerve compression test, ABP strength is 4-/5, FPL strength 4+/5, FDP strength 4+/5, neuropathic pain along the median nerve and positive Finkelstein's sign. Neurovascular examination of the right notes diminished sensation in the radial digits, a positive Tinel's sign and positive median nerve compression test. The impression is that the patient has severe acute on chronic carpal tunnel syndrome, left greater than right, with left DeQuervain's tenosynovitis. Recommendation is made for conservative treatment of the DeQuervain's tenosynovitis, as well as EMG and nerve conduction studies and early surgical carpal tunnel release because of the severity of the patient's symptoms, worsened by her fall. Follow-up documentation from 10/15/14, notes that the patient's condition has improved since the last exam but slower than expected. There is a constant burning of the left wrist with numbness that is severe. The patient denies weakness. Examination notes a positive Tinel's of

the left wrist. There is weakness of the left wrist and the right wrist examination is described with normal findings. Recommendation is made for a hand surgery evaluation due to a left carpal tunnel syndrome. Documentation from a new patient evaluation dated 10/13/14, notes trauma to the left wrist when the patient fell. She complains of moderately severe pain of the left wrist/forearm with associated numbness and tingling. Tinel's, Phalen's and carpal compression are negative for the left wrist. Preliminary X-rays of the left wrist are negative. Treatment recommendations include medical management, occupational therapy and splinting. UR review dated 11/24/14 did not certify the procedures and EMG studies. Reasoning given was that there was no indication for performing EMG studies based on ODG guidelines. NCV studies had been certified. With respect to bilateral carpal tunnel release, the patient has evidence of carpal tunnel syndrome by clinical examination but without electrodiagnostic studies the severity of the condition cannot be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Endoscopic Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): SURGICAL CONSIDERATIONS. Decision based on Non-MTUS Citation Official Disability Guidelines- Carpal Tunnel Syndrome- Carpal Tunnel Release SurgeryOfficial Disability Guidelines- Indications for Surgery - Carpal Tunnel Release

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

Decision rationale: The patient is a 37 year old female with signs and symptoms of possible bilateral carpal tunnel syndrome, left side more severe than the right. There is some suggestion that the condition is moderate to severe on the left, as there is weakness of the ABP. However, the presence of thenar atrophy was not addressed or documented. As the requesting surgeon has requested electrodiagnostic studies, it is reasonable to complete these prior to final surgical determination. From ACOEM, Chapter 11, page 265, Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies. In addition, from ACOEM, Chapter 11, page 270, CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Thus, based on these recommendations, the clinical findings of carpal tunnel syndrome should be supported by nerve-conduction tests as recommended by ACOEM. Bilateral endoscopic carpal tunnel release should not be considered medically necessary. However, this could be reconsidered once electrodiagnostic studies have been completed.

EMG (Electromyography) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Forearm, Wrist and Hand - Electrodiagnostic studiesOfficial Disability Guidelines- Carpal Tunnel Syndrome- Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, EMG.

Decision rationale: The patient is a 37 year old female with signs and symptoms of possible bilateral carpal tunnel syndrome, left side more severe than the right. There is some suggestion that the condition is moderate to severe on the left, as there is weakness of the ABP. However, the presence of thenar atrophy was not addressed or documented. From ACOEM, Chapter 11, page 261, '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. Nerve conduction studies had been certified. There is insufficient documentation from the medical records provided that this is one of the more 'difficult cases'. Also, as documented in the UR review from ODG, 'Seldom is it required that both studies [NCS and EMG] be accomplished in straightforward condition of median and ulnar neuropathies....' Thus, there is insufficient justification for the addition of EMG studies, as the clinical documentation is consistent with a 'straightforward' condition of median compression neuropathy and not one of the 'more difficult' cases. There does not appear to be clinical suspicion of other related diagnoses. Thus, EMG of the left upper extremity should not be considered medically necessary.

EMG (Electromyography) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Forearm, Wrist and Hand - Electrodiagnostic studiesOfficial Disability Guidelines- Carpal Tunnel Syndrome- Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, EMG.

Decision rationale: The patient is a 37 year old female with signs and symptoms of possible bilateral carpal tunnel syndrome, left side more severe than the right. From ACOEM, Chapter 11, page 261, '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. Nerve conduction studies had been certified. There is insufficient documentation from the medical records provided that this is one of the more 'difficult cases'. Also, as documented in the UR review from ODG, 'Seldom is it required that both studies [NCS and EMG] be accomplished in straightforward condition of median and ulnar neuropathies....' Thus, there is insufficient justification for the addition of EMG studies, as the clinical documentation is consistent with a

'straightforward' condition of median compression neuropathy and not one of the 'more difficult' cases. There does not appear to be clinical suspicion of other related diagnoses. EMG of the right upper extremity should not be considered medically necessary.