

Case Number:	CM15-0015081		
Date Assigned:	02/02/2015	Date of Injury:	02/23/2012
Decision Date:	03/20/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 injured worker is a 44 year old male, who sustained an industrial injury on February 23, 2012. He has reported injury of the low back, neck, and both hands. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included physical therapy, medications, bracing, and steroid injections. Currently, the IW complains of continued numbness and tingling of both hands, with weakness. He is noted to have full range of motion, and no edema. Tenderness of the cervical spine area is indicated in the records. Tinel's, Phelan's and compression testing are positive. The records indicate previous electrodiagnostic studies completed in February 2013, reveal moderate to severe carpal tunnel syndrome bilaterally. The records indicate x-rays were taken on December 30, 2014 in the office which reveals normal findings. On January 20, 2015, Utilization Review non-certified electromyography and nerve conduction velocity of the left upper extremity as an outpatient, and electromyography and nerve conduction velocity of the right upper extremity as an outpatient, based on ACOEM, and MTUS guidelines. On January 22, 2015, the injured worker submitted an application for IMR for review of electromyography and nerve conduction velocity of the left upper extremity as an outpatient, and electromyography and nerve conduction velocity of the right upper extremity as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the 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): 261-262.

Decision rationale: The California MTUS guidelines state that appropriate electrodiagnostic studies help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction study, or in more difficult cases, EMG may be helpful. Guideline criteria have not been met. Clinical exam findings are clearly consistent with prior electrodiagnostic evidence of moderate to severe bilateral carpal tunnel syndrome. There is no clear cervical dermatomal pain pattern or subtle neurologic dysfunction documented to support cervical radiculopathy at this time. There is no documentation of cervical x-rays or imaging suggestive of cervical pathology, or significant change in clinical exam findings since the last electrodiagnostic study. There is no compelling reason to support the medical necessity of repeat electrodiagnostic studies prior to carpal tunnel release surgeries. Therefore, this request is not medically necessary.

EMG/NCV of the 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): 261-262.

Decision rationale: The California MTUS guidelines state that appropriate electrodiagnostic studies help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction study, or in more difficult cases, EMG may be helpful. Guideline criteria have not been met. Clinical exam findings are clearly consistent with prior electrodiagnostic evidence of moderate to severe bilateral carpal tunnel syndrome. There is no clear cervical dermatomal pain pattern or subtle neurologic dysfunction documented to support cervical radiculopathy at this time. There is no documentation of cervical x-rays or imaging suggestive of cervical pathology, or significant change in clinical exam findings since the last electrodiagnostic study. There is no compelling reason to support the medical necessity of repeat electrodiagnostic studies prior to carpal tunnel release surgeries. Therefore, this request is not medically necessary.

12 initial post operative physical therapy for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 1/20/15 utilization review recommended partial certification of 8 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.

12 initial post operative physical therapy for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 1/20/15 utilization review recommended partial certification of 8 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.