

Case Number:	CM14-0064973		
Date Assigned:	07/11/2014	Date of Injury:	02/14/2014
Decision Date:	10/23/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/07/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old male with an industrial injury dated 03-07-2014. Medical record review indicates he is being treated for bilateral wrist-forearm overuse tendinitis with de Quervain's tenosynovitis and rule out carpal tunnel syndrome. He presented on 04-01-2014 with complaints of numbness and tingling in bilateral wrists and hands. Physical findings are documented as tenderness to palpation over the flexor and extensor tendons. Tinel's sign was positive over the carpal tunnels, right side greater than left. Tinel's sign at the elbow was negative. Finkelstein's test at the wrist was positive bilaterally. Range of motion of the wrist is documented as:

	Right	Left
- Flexion	45 degree	50 degree
- Extension	50 degree	55 degree
- Ulnar deviation	20 degree	23 degree

Radial deviation was 15 degree bilaterally. Jamar dynamometer grip strength 35-28-28 kilograms (right major hand) and 28-30-25 kilograms (left minor hand). Sensation was documented as intact. Muscle bulk and tone were documented as normal. Work status was modified. The treatment plan is for chiropractic services and electromyography and nerve conduction velocity studies of bilateral upper extremities to rule out entrapment neuropathy (carpal tunnel syndrome). The request for authorization dated 04-01-2014 is for EMG-NCV bilateral upper extremities and chiropractic treatment 3 x 4 bilateral upper extremities. On 04-15- 2014 the request for chiropractic treatment 3 x 4 bilateral upper extremities was non-certified. The request for EMG-NCV (electromyography and nerve conduction velocity studies) bilateral upper extremities was modified to NCV (nerve conduction velocity studies) of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3x4 bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC Carpal Tunnel Syndrome Procedure Summary- manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS Guidelines are very specific in stating the chiropractic treatment is not recommended for carpal tunnel syndrome. The Guidelines also state that chiropractic treatment is not recommended for other forearm, wrist or hand complaints. There are no unusual circumstances to justify an exception to Guidelines. The request for Chiropractic treatment 3x4 bilateral upper extremities is not supported by Guidelines and is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel/Electrodiagnostic studies-Electromyography.

Decision rationale: MTUS Guidelines support electrodiagnostic studies under these circumstances; however, the MTUS Guidelines do not provide adequate details regarding the type of studies nor the recommended standards of care associated with these studies. The ODG Guidelines address these issues in detail and the Guidelines do not recommend the inclusion of EMG studies for carpal tunnel syndrome unless there are extenuating circumstances. The routine use of EMG studies is not recommended. There are no qualifying issues documented that support the inclusion of EMG studies. Under these circumstances, the NCV plus EMG studies of the upper extremities is not supported by Guidelines and is not medically necessary.