

<b>Case Number:</b>	CM13-0015223		
<b>Date Assigned:</b>	10/10/2013	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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 53-year-old male with a reported date of injury on 02/11/2008; the mechanism of injury was a motor vehicle accident. The patient was noted to be status post a carpal tunnel release of the left hand on 06/24/2013. The patient presented with left sided shoulder pain. The patient reported a "Popeye" muscle on the right shoulder with a visible contracture at the proximal biceps insertion, neck pain, pain to the left forearm, weakness in the left hand status post carpal tunnel release, pain in the left shoulder, and decreased grip strength on the left. The patient had diagnoses including prescriptions, sprains of shoulder and arm, and carpal tunnel syndrome. The physician's treatment plan consisted of a request for: nerve conduction, amplitude and latency/velocity study, each nerve; sensory.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction, amplitude and latency/velocity study, each nerve; sensory is not medically necessary and appropriate.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Electrodiagnostic studies (EDS)

**Decision rationale:** The California MTUS guidelines do not address NCV. ACOEM recommends the use of EMG/NCV for patients with possible carpal tunnel syndrome. The Official Disability guidelines further note, nerve conduction studies (NCS) are recommended in patients with clinical signs of CTS who may be candidates for surgery. The patient was status post carpal tunnel release of the left hand on 06/24/2013. The patient had neck pain with radiation, pain to the left shoulder, minimal dull left forearm pain, and decreased grip strength in the left upper extremity. The patient reported his left hand felt weak since the carpal tunnel release, his left hand kept falling asleep, and he felt his left wrist had been swollen and "gave out." Within the provided documentation, the requesting physician's rationale for the request was unclear. Additionally, it was unclear within the request if the nerve conduction study was being requested for the upper extremities or the lower extremities, and also if it was for the right or left. Therefore, the request for nerve conduction, amplitude and latency/velocity test, each nerve; sensory is neither medically necessary nor appropriate.