

<b>Case Number:</b>	CM13-0020885		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Occupational Medicine/Preventive 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 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 applicant has filed a claim for neck and upper extremity pain reportedly associated with an industrial injury of August 21, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; trigger point injection therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated July 15, 2013, the claims administrator denied a request for nerve conduction testing of the right upper extremity, stating that the attending provider did not document a neurologic exam and further stating that the attending provider's progress note was handwritten and not entirely legible. On September 3, 2013, the applicant was given trigger point injection for a flare-up of shoulder and mid back pain. The applicant was described as permanent and stationary at that point in time. On September 19, 2013, the attending provider stated that the applicant reported persistent neck pain, shoulder pain, and right upper extremity pain. The applicant was described as exhibiting painful range of motion about the neck and shoulder with some weakness about the right thumb on resistance. The attending provider seemingly alluded to misdated electrodiagnostic testing of October 14, 2013, which was apparently notable for a moderate right-sided carpal tunnel syndrome. This appears to have been misdated on the grounds that the test in question was dated October 14, 2013, while the progress note was dated September 19, 2013. The applicant was given prescriptions for Norco and Lyrica. It was stated that the applicant did not wish to consider carpal tunnel release surgery. In a progress note dated November 5, 2013, the applicant was status post earlier right carpal tunnel release surgery and did have persistent hand and wrist pain and stiffness with associated left hand numbness and tingling, it was stated. Diminished grip strength was noted on the right side, along with hyposensorium noted about the same. It was

stated that electrodiagnostic testing should be repeated at that point in time. On September 3, 2013, the attending provider alluded to prior electrodiagnostic testing of August 14, 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **NERVE CONDUCTION VELOCITY(NCV) OF RIGHT UPPER EXTREMITIES:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8 page 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-6 page 269.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, electrodiagnostic testing, including EMG and/or NCV testing, scored a 4/4 in its ability to identify and define suspected carpal tunnel syndrome, the issue reportedly present here. In this case, the applicant did seemingly have active signs and symptoms of carpal tunnel syndrome, including numbness, tingling, paresthesias, etc. about the symptomatic right hand following earlier carpal tunnel release surgery which did warrant electrodiagnostic testing. The electrodiagnostic testing in question was apparently performed on August 14, 2013 and did apparently confirm the diagnosis of suspected carpal tunnel syndrome. Therefore, the request for nerve conduction velocity (NCV) of right upper extremities is medically necessary and appropriate.