MAXIMUS Federal Services

Case Number:	CM13-0035647		
Date Assigned:	12/13/2013	Date of Injury:	12/06/2010
Decision Date:	09/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery 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 records presented for review indicate that this 32 year old male was reportedly injured on 12/6/2010. The mechanism of injury is undisclosed. The most recent progress note, dated 8/22/2013, indicates that there are ongoing complaints of bilateral hand pain. The physical examination is handwritten and states positive Tinnel's, positive Phalen's, no other exam findings are listed. No recent diagnostic studies are available for review. Previous treatment includes bilateral carpal tunnel release. A request was made for voltage accrued sensory nerve conduction and was not certified in the preauthorization process on 10/2/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAGE ACUTED SENSORY NERVE CONDUCTION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Current Perception Threshold Testing. Updated 7/10/2014.

Decision rationale: According to Official Disability Guidelines (ODG) guidelines current or investigational treatment is not recommended. Current perception threshold testing is considered

experimental or investigational, as there is inadequate scientific literature to support any conclusions regarding the effects of this testing on health outcomes. Therefore, after reviewing guidelines this request is not medically necessary.