

Case Number:	CM13-0041700		
Date Assigned:	12/20/2013	Date of Injury:	03/29/2009
Decision Date:	03/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 49-year-old female with a date of injury of March 29, 2009. The patient has shoulder pain, left wrist pain, and cervical spine pain. The patient has been diagnosed with right glenohumeral joint and subacromial arthritis and is status post subacromial decompression with resection of calcified ligament and bursa. An MRI of the left wrist performed on May 22, 2013 revealed subchondral cyst formation to several carpal bones. Conservative treatments have consisted of pain medications, acupuncture, physical therapy, shoulder injections, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for voltage acute sensory nerve conduction done on August 22, 2013:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-178.

Decision rationale: The ACOEM states that when neurologic examinations are unclear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an

imaging study. Nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. The ACOEM also states that nerve conduction studies are recommended for median or ulnar impingement at the wrist after failure of conservative treatment. There is recommendation against routine use of NCV to diagnose or evaluate nerve entrapment, or to screen patients without symptoms. The clinical indication for only sensory testing is unfounded in this case. The electrodiagnostic report from August 22, 2013 was reviewed in its entirety. This is not a standard electrodiagnostic study, which would include electromyography and compound motor action potentials to aid diagnosing focal entrapment or to rule out other neurologic conditions. The manner in which this study was conducted is not in accordance with standard of care and evidence-based guidelines. This request is not certified.