

<b>Case Number:</b>	CM13-0054569		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 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:

According to the records made available for review, this is a 39-year-old male with a 2/22/12 date of injury. At the time (10/28/13) of request for authorization for nerve conduction, amplitude and latency/ velocity study, each nerve sensory, there is documentation of subjective pain and weakness in the right wrist and hand with numbness in the hand. Objective findings of mild radial tunnel tenderness, positive Tinel's sign on the right, and slightly decreased active range of motion in the right index and long fingers with full passive range of motion. Current diagnoses of right wrist and forearm tendinitis, right radial tunnel syndrome, and right cubital tunnel syndrome. Treatment to date physical therapy, injections, wrist splint, and medications. Medical report identifies a request for upper extremity nerve conduction studies. There is no documentation of clinical signs (positive findings on clinical examination) of carpal tunnel syndrome over the left upper extremity.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261 and 272.

**Decision rationale:** The MTUS /ACOEM Guidelines identify that electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In addition, MTUS/ACOEM guideline identifies documentation of failure of conservative treatment, as criteria necessary to support the medical necessity of NCV for median or ulnar impingement at the wrist. The Official Disability Guidelines (ODG) identifies documentation of clinical signs (positive findings on clinical examination) of carpal tunnel syndrome and patients who are candidates for surgery, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of right wrist and forearm tendinitis, right radial tunnel syndrome, and right cubital tunnel syndrome. In addition, there is documentation of conservative treatment (physical therapy, injections, wrist splint, and medications). Furthermore, given documentation of subjective findings (pain and weakness in the right wrist and hand with numbness in the hand) and objective findings (mild radial tunnel tenderness and positive Tinel's sign on the right), there is documentation of clinical signs of carpal tunnel syndrome on the right. However, there is no documentation of clinical signs of carpal tunnel syndrome over the left upper extremity. The request for NCS of the bilateral upper extremities for the wrist and elbow is not medically necessary and appropriate.