

<b>Case Number:</b>	CM13-0068199		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/02/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 36 year old female, who reported an injury on 06/02/2013; the mechanism of injury was repetitive motion. As per the clinical note dated 01/09/2014 the injured worker reported pain in both hands with most pain in the thumb area, as well as intermittent numbness in the ring finger and little finger. The injured worker initially reported pain in the right thumb and pain in the right hand and wrist. The injured worker was initially treated with Decadron and Naprelan and placed on modified work. The injured worker stated the pain was constant and becoming worse with tingling in the hands at night and left elbow and left shoulder pain. The physical examination of the right wrist noted positive tinel's sign over the median nerve, median nerve compression test was positive, and phalen's test was negative. There was no objective sensory loss. The left wrist noted median compression and phalen's test were negative. The injured worker had diagnoses of right forearm and wrist tendonitis, Carpal Tunnel syndrome of the right wrist. The request for authorization for the request was not submitted. The provider recommended the injured worker start strengthening exercises for her hands along with a nerve conduction study of both upper extremities and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The injured worker complained of bilateral hand pain mostly in thumb area with intermittent numbness in ring and little finger. ACOEM recommends nerve conduction studies for median, ulnar, impingement at the wrist after failure of conservative treatment, not recommended for routine use of nerve conduction studies in diagnostic evaluation of the nerve entrapment or screening in the injured worker without symptoms. There is a lack of documentation of positive objective findings of neurologic deficit to the left upper extremity. There was a lack of failure of conservative care. The provider recommended the injured worker to have nerve conduction studies of the right and left upper extremity, the request submitted is for Left upper extremity nerve conduction study; all objective findings were consistent with right sided deficits. Therefore, the request for Nerve conduction study of the left upper extremity is not medically necessary.

**NCS RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The injured worker complained of bilateral hand pain mostly in thumb area with intermittent numbness in ring and little finger. ACOEM recommends nerve conduction studies for median, ulnar, impingement at the wrist after failure of conservative treatment, not recommended for routine use of nerve conduction studies in diagnostic evaluation of the nerve entrapment or screening in the injured worker without symptoms. The provider recommended the injured worker to have nerve conduction studies of the right and left upper extremity, the request submitted is for right upper extremity nerve conduction study; all objective findings were consistent with right sided deficits. However, there was a lack of failure of conservative care. Therefore, the request for Nerve conduction study of the right upper extremity is not medically necessary.