

Case Number:	CM13-0070452		
Date Assigned:	01/15/2014	Date of Injury:	01/05/2012
Decision Date:	06/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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:

The patient has submitted a claim of bilateral wrist pain associated from an industrial injury date of January 5, 2012. Treatment to date has included carpal tunnel cortisone injections (1/27/14), bilateral carpal tunnel cortisone injection (2/27/13), right shoulder arthroscopy with debridement, synovectomy, rotator cuff repair of subscapularis and subacromial decompression (8/22/12), right shoulder lidocaine injection (3/26/12), H-wave, physical therapy, home exercise program, and medications with include ibuprofen, ketoprofen cream, gabapentin, hydrocodone/APAP and naproxen. Medical records from 2012-2014 were reviewed, the latest of which dated January 27, 2014 revealed that the patient reports that the injection is wearing off. He is having return of symptoms. He now has nocturnal pain associated with paresthesia. He has good relief after receiving bilateral carpal tunnel cortisone injections. On physical examination, there is positive Tinel sign at bilateral carpal tunnel. Durkan sign is positive bilaterally. On examination done last November 13, 2013, Tinel sign was positive at the right carpal tunnel and negative at the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF THE BILATERAL UPPER EXTREMITIES: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: As stated on page 238 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In this case, NCV of the upper extremities was requested because the patient on a clinical basis has symptoms and signs of carpal tunnel syndrome and he has had a good response to carpal tunnel cortisone injection, which point to a diagnosis of carpal tunnel syndrome. The patient has a history of previous physical therapy sessions and use of pain medications with noted pain relief and functional improvement. However, in the most recent clinical evaluation, the patient complained of return of symptoms, now including nocturnal pain associated with paresthesia. On physical examination, there is noted new onset positive Tinel sign on the left hand. Also, there is noted positive Durkan test bilaterally. These suggest median nerve irritation and carpal tunnel syndrome bilaterally. The medical necessity for NCV/BUE was established. Therefore, the request for NCV/BUE is medically necessary.