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| Case Number: | CM14-0016506 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 06/30/2008 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 01/13/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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, has a subspecialty in Interventional Spine, 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 is a 62-year-old female with an injury date of 06/30/08. Based on the 11/12/13 progress report provided by the provider, the patient's diagnosis include the following: status post right shoulder rotator cuff repair, stable (09/30/11), right moderate carpal tunnel syndrome, rule out progression, rule out right cubital tunnel syndrome, right de Quervain's tenosynovitis, cervical neck pain with degenerative disk disease, and right lateral epicondylitis. The provider is requesting for a nerve conduction study (NCS) of the right upper extremity to rule out cubital tunnel syndrome. A NCS was previously conducted on 06/06/11 which revealed moderate right carpal tunnel syndrome. On 09/30/11, the patient's right shoulder type III acromion was debrided, the distal clavicle was resected, a full rotator cuff repair was performed, and the superior labrum was debrided. An MRI (magnetic resonance imaging) scan on 06/18/12 revealed partial tearing of the supraspinatus teres minor and subscapularis tendon with volume atrophy of the infraspinatus. The utilization review determination being challenged is dated 01/13/14 and recommends denial of the NCS. The rationale was that "ACOEM recommends NCS to confirm ulnar nerve entrapment and for median or ulnar impingement at the wrist if conservative treatment fails. However, it is unclear in the submitted records if the patient has received the recommended conservative treatments." The provider is the requesting provider and provided treatment reports from 04/01/13- 03/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 11/12/13 progress report by the provider, the patient present with right upper extremity pain. The request is for a nerve conduction study (NCS) of the right upper extremity. For electromyography (EMG), the ACOEM Guidelines states, "appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome (CTS) and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the electrodiagnostic services (EDS) are negative, test may be repeated later in the course of treatment if symptoms persist." This patient did have a set of NCS in 2011, but ACOEM allows for repeat studies for persistent symptoms. As such, the recommendation is for authorization.