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| Case Number: | CM14-0016864 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 02/02/2011 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/30/2014 |
| 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 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:

Utilization review from January 29, 2014 denied the request for voltage "acuted" sensory nerve conduction because this type of testing is not supported in the guidelines. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of bilateral hand/wrist pain, 9/10, associated with numbness, tingling and radiating pain to the shoulder, 7/10. On physical examination, there was mild tenderness on the left acromioclavicular joint and left supraspinatus tendon. There was impingement sign on the left. Range of motion was painful. Rotator cuff strength was normal. Both hands showed positive Phalen's sign and had tenderness on palpation. An EMG/NCS for bilateral upper extremities dated 1/11/13 showed results within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAGE ACUTED SENSORY NERVE CONDUCTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter Current Perception Threshold Testing.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does not specifically address Current Perception Threshold (CPT) testing; however, the Official Disability Guidelines state that CPT testing is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. In this case, there was no discussion regarding the indication for performing a voltage-actuated sensory nerve conduction testing over standard qualitative methods of sensory testing. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for voltage "acuted" sensory nerve conduction is not medically necessary and appropriate.