

Case Number:	CM14-0150679		
Date Assigned:	09/19/2014	Date of Injury:	11/12/2013
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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 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:

Patient is a 59-year-old female who has submitted a claim for neck sprain, right shoulder impingement syndrome, bilateral carpal tunnel syndrome, and degenerative osteoarthritis of the hands and fingers associated with an industrial injury date of 11/12/2013. Medical records from 2014 were reviewed. The patient complained of pain at both wrists, aggravated by gripping and grasping. Pain was associated with numbness and tingling sensation. Physical examination showed positive Tinel's and Phalen's signs on both wrists. Range of motion was restricted. Sensation was intact. Hyperhidrosis of both hands was noted. Nerve conduction study performed on 10/31/2013, demonstrated right carpal tunnel syndrome. Repeat electrodiagnostic study on 11/15/2013 showed bilateral carpal tunnel syndrome. Treatment to date has included left carpal tunnel release, physical therapy, and medications. Utilization review from 9/2/2014 denied the request for Nerve Conduction Velocity (NCV) of the Bilateral Upper Extremity because of lack of objective clinical findings of functional deficits and neurologic deficits to warrant repeat electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) of the Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Carpal Tunnel Syndrome, Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of pain at both wrists, aggravated by gripping and grasping. Pain was associated with numbness and tingling sensation. Physical examination showed positive Tinel's and Phalen's signs on both wrists. Range of motion was restricted. Sensation was intact. Clinical manifestations were consistent with peripheral neuropathy; hence, NCV testing may be warranted. However, nerve conduction study was already performed on 10/31/2013, demonstrating right carpal tunnel syndrome. Repeat electrodiagnostic study on 11/15/2013 showed bilateral carpal tunnel syndrome. There was no clear indication for repeat NCV testing at this time. There was no worsening of subjective complaints and objective findings to warrant repeat testing. It is unclear how repeat NCV may affect treatment plans. Therefore, the request for NCV of the bilateral upper extremities is not medically necessary.