

<b>Case Number:</b>	CM14-0156808		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 55-year-old male with a date of injury of 12/24/2012. The listed diagnosis per [REDACTED] is carpal tunnel syndrome. According to progress report 08/27/2014, the patient complains of numbness in his hand mostly at night despite wearing his splint. Examination of the wrist and hand revealed "inspection normal. Palpation normal. Full ROM without pain." Pinprick is diminished in the median distribution on the affected side. There was positive carpal compression test and paresthesia along the median nerve course and numbness. Phalen's and Tinel's signs were both positive. The treater is requesting a nerve conduction study for the left upper extremity and occupational therapy 12 visits. Utilization review denied the request on 09/15/2014. Treatment reports and AME report from 7/22/13-8/27/14 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Nerve Conduction Studies- Left Upper Extremity: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with complaints of numbness in the hand mostly at night. The treater is requesting a nerve conduction study for the left upper extremity. Review of the medical file indicates the patient is status post open reduction internal fixation of proximal phalanx of the left hand on 01/06/2013. ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG Guidelines has the following regarding EDS and carpal tunnel syndrome, "recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic studies including testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, there is no indication that the patient has had an NCV testing. The patient continues with positive findings and pain in the left extremity, an NCV testing for further investigation is warranted. Recommendation is for approval.

**Occupational Therapy 12 Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-263. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** This patient presents with complaints of numbness in his hand mostly at night. The treater is requesting occupational therapy 12 visits. This patient is status post ORIF LMF which occurred on 01/03/2013. The patient has surpassed the post-surgical timeframe. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. In this case, the patient received a recent course of 16 sessions postoperatively. The treater does not discuss why the patient would not be able to transition into a self-directed home exercise program. Furthermore, the treater's request for 12 additional sessions exceeds what is recommended by MTUS. Recommendation is for denial.