

<b>Case Number:</b>	CM14-0161900		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 48-year-old female who reported an injury on 09/05/2014. The mechanism of injury was not provided. On 09/09/2014, the injured worker presented with pain and tingling in the bilateral upper extremities. Upon examination, there was tenderness to palpation along the cervical spine, positive Phalen's and Tinel's. The diagnoses are bilateral carpal tunnel syndrome and cervical radiculopathy. Prior therapies were not provided. The provider recommended an x-ray of the cervical spine, a brace for the bilateral hands and a nerve conduction test. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome")

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The request for a left wrist brace is not medically necessary. The California MTUS/ACOEM Guidelines state that splinting of the wrist in neutral position at night is recommended for carpal tunnel syndrome. The injured worker has a diagnosis of carpal tunnel syndrome; however, there is lack of documentation if the injured worker had had prior wrist brace provided. Additionally, the provider's request does not indicate a type of wrist brace being recommended in the request as submitted. As such, medical necessity has not been established.

**Nerve conduction test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies.

**Decision rationale:** The request for nerve conduction test is not medically necessary. California MTUS/ACOEM guidelines state that a nerve conduction test including H reflex test may help identify subtle, focal, neurologic dysfunction in injured workers with neck or arm symptoms or both lasting more than 3 or 4 weeks. Official Disability Guidelines do not recommend a nerve conduction study as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The provider does not indicate the site at which nerve conduction test was indicated for so there could be no application of specific guidelines. As such, medical necessity has not been established.