

Case Number:	CM14-0169080		
Date Assigned:	10/17/2014	Date of Injury:	11/01/2010
Decision Date:	11/19/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/14/2014

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 Texas. 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 52 year old male with a date of injury on 11/1/2010. The worker had a wrist arthroscopy with triangular fibrocartilage complex debridement. There are notes from 2014 indicating ongoing right wrist pain. The 4/14 note indicates the worker had had some episodes of cramping in the right hand, but this was helped by wearing a brace. There was concern about ulnocarpal impaction syndrome, but the worker's condition was noted to be stable with conservative care. A note dated on 7/14 noted the worker experienced cramping and clicking in the hand. The ulnar nerve was mildly tender to palpation. There was some weakness in the hand muscles. The assessment was to rule out cubital tunnel syndrome. At the 9/14 note, the worker stated he was doing better and had no numbness and tingling. Exam noted mild intrinsic weakness without atrophy, with tenderness to palpation of the ulnar nerve.

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 right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The injured worker has some signs that could be suggestive of ulnar neuropathy. The injured worker has ulnar nerve tenderness. Although the most recent note indicated that numbness and tingling has dissipated, it was previously present. The prior review addressed only the possibility of carpal tunnel syndrome (and the merits of electrodiagnostic studies in that diagnosis). The foundation for the prior non certification did not take into account the current clinical issues. There was also intrinsic muscle weakness. These are potential signs of ulnar neuropathy, which merits further exploration with nerve conduction velocity studies. Therefore, the requested NCV right upper extremity is medically necessary.