

Case Number:	CM14-0036021		
Date Assigned:	06/23/2014	Date of Injury:	01/13/2013
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 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:

This 48 year-old meat cutter sustained a repetitive right hand/thumb injury on 1/13/13 while employed by [REDACTED]. Request(s) under consideration include Nerve conduction velocity (NCV) right upper extremity. Conservative care has included chiropractic treatment, occupational therapy, custom thumb splint, acupuncture, TENS unit, ortho hand specialist eval and treatment. MRI of the right hand dated 2/3/13 was unremarkable. The patient remains on temporary total disability. Report from the provider noted patient with ongoing thumb pain. Exam showed slightly positive Phalen's, negative Tinel's of right wrist without any specific muscle weakness or sensory loss. Diagnoses include chronic hand pain; chronic neck and back pain. Treatment to continue Chiro, acupuncture, TENS, and diagnostic study. Request(s) for Nerve conduction velocity (NCV) right upper extremity was non-certified on 2/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 48 year-old meat cutter sustained a repetitive right hand/thumb injury on 1/13/13 while employed by [REDACTED]. Request(s) under consideration include Nerve conduction velocity (NCV) right upper extremity. Conservative care has included chiropractic treatment, occupational therapy, custom thumb splint, acupuncture, TENS unit, orthopedic hand specialist evaluation and treatment. MRI of the right hand dated 2/3/13 was unremarkable. The patient remains on temporary total disability. Report from the provider noted patient with ongoing thumb pain. Exam showed slightly positive Phalen's, negative Tinel's of right wrist without any specific muscle weakness or sensory loss. Diagnoses include chronic hand pain; chronic neck and back pain. Treatment to continue Chiro, acupuncture, TENS, and diagnostic study. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, peripheral entrapment, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics with diagnoses of chronic hand pain. The Nerve conduction velocity (NCV) right upper extremity is not medically necessary and appropriate.