

Case Number:	CM14-0041098		
Date Assigned:	06/30/2014	Date of Injury:	09/13/2010
Decision Date:	07/30/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 4/10/14 notes indicates the insured worked as a fire engineer. There is a request for repeat nerve conduction study of the upper extremity. Last nerve conduction was performed in 2011. Numbness and tingling are being noted and the insured has had multiple carpal tunnel injections. The study was being requested to evaluate for carpal tunnel and cubital tunnel syndrome for possible need for surgery per the treating physician. 2/24/14 PR-2 reports pain in wrists with positive Tinel's. Phalen's bilateral. 4/7/14 note indicates pain persisting. The insured has been using wrist braces. Examination noted positive Tinel's, Phalen's, and Durkan's test's and positive Tinel's and elbow flexion tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat nerve conduction velocity (NCV): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel, electrodiagnostic studies.

Decision rationale: Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. See also Nerve conduction studies (NCS) and Electromyography (EMG). In general, carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. Studies have not shown portable nerve conduction devices to be effective. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). In more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of carpal tunnel syndrome but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment. The treating physician notes the insured has symptoms of numbness and pain in the wrists/hands that has failed conservative treatment and that surgery is being considered of carpal tunnel release. The insured has physical exam findings of both carpal tunnel syndrome and cubital tunnel syndrome. Electrodiagnostic studies are supported under ODG to guide surgical consideration. Therefore the request is medically necessary.