

Case Number:	CM14-0051041		
Date Assigned:	06/23/2014	Date of Injury:	03/24/2013
Decision Date:	09/08/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 Pain Management 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 is a female patient with the date of injury of March 24, 2013. A Primary Treating Physician's Medical-Legal Evaluation dated January 23, 2014 identifies presenting complaints of pain in the right upper extremity with numbness, tingling and weakness in the arms and hands. The patient complains of pain in the right wrist and hand. The physical examination identifies 3+ tenderness to palpation over the cervical paraspinal muscles. Cervical compression test, cervical distraction test, right shoulder depression test, and left shoulder depression test are positive and performed with pain. Cervical spine range of motion is moderately limited in all planes of motion. There is 2+ tenderness to palpation over the right elbow. Mill's test, lateral stress test, and medial stress test are positive on the right. 3+ tenderness to palpation over the bilateral wrists. Phalen's test, reverse Phalen's test, Finkelstein's test and Tinel's carpal tunnel test are positive bilaterally. Bilateral wrist range of motion is moderately limited in all planes of motion. The diagnoses identify right carpal tunnel syndrome and right De Quervain's tenosynovitis, right hand sprain/strain, right forearm tendinitis, stress, anxiety, insomnia, and cervical intervertebral disc syndrome with right radiculitis. Treatment Recommendations identify the patient is recommended to undergo a PF-NCS/NCV/EMG testing of the cervical and thoracic spine and upper extremities to rule out radiculopathy vs. peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAGE ACUTE SENSORY NERVE CONDUCTION TO THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Current Perception Threshold, American Academy of Neurology American Association of Electrodiagnostic Medicine (AAEM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Neck & Upper Back, Current perception threshold (CPT) testing.

Decision rationale: Regarding the requested voltage actuated sensory nerve conduction to the right upper extremity, MTUS is silent on the issue. The ODG states it is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. As such, the currently requested voltage actuated sensory nerve conduction to the right upper extremity is not medically necessary.