

Case Number:	CM14-0187613		
Date Assigned:	11/14/2014	Date of Injury:	02/04/2014
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 47 year old with a work injury dated 2/4/14. The diagnoses include right elbow sprain/strain; right lateral epicondylitis; right carpal tunnel syndrome; right wrist sprain/strain; rule out right wrist internal derangement. Under consideration is a request for VSNCT Right Elbow, Right Wrist. There is a 9/24/14 progress note from the primary treating physician that states that the patient complains of intermittent moderate sharp right elbow pain, stiffness, heaviness and weakness, associated with movement & sweeping/mopping. The patient gets relief from medication and hot compression. The patient complains of intermittent moderate sharp right wrist pain, stiffness, heaviness, numbness and tingling. On exam grip strength testing causes pain at the right wrist. The right elbow reveals no bruising, swelling, atrophy or lesion. The ranges of motion are painful and decreased. There is tenderness of palpation of the right lateral elbow and a positive Cozen test. The right wrist reveals no bruising, swelling, atrophy or lesion. There is tenderness to palpation of the dorsal wrist, triangular fibrocartilage complex and volar wrist. The treatment includes ortho consult for right elbow/wrist; topical meds; acupuncture, ESWT for the right elbow and wrist; PT for the right elbow/wrist; TENS/EMS; and VSNCT for the right elbow; right carpal tunnel syndrome; right wrist sprain/strain and rule out right wrist internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

VSNCT Right Elbow, Right Wrist: Upheld

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) Neck and upper back- Current perception threshold (CPT) testing

Decision rationale: VsNCT Right Elbow, Right Wrist is not medically necessary per the ODG guidelines. The MTUS does not address VsNCT. The ODG states that this testing 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. The American Academy of Neurology (AAN) and the American Association of Electrodiagnostic Medicine (AAEM) have both concluded that quantitative sensory threshold (QST) testing standards need to be developed and that there is as yet insufficient evidence to validate the usage of current perception threshold (CPT) testing. The Centers for Medicare and Medicaid Services (CMS) concludes that the use of any type of sNCT device used for voltage-nerve conduction threshold (v-NCT) testing, to diagnose sensory neuropathies or radiculopathies is not reasonable and necessary. The documentation submitted does not reveal extenuating reasons to go against these guideline recommendations therefore the request for VsNCT is not medically necessary.