

Case Number:	CM14-0195334		
Date Assigned:	12/03/2014	Date of Injury:	04/04/2012
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 28-year-old woman with a date of injury of 04/04/2012. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 06/19/2014 indicated the worker was experiencing pain in both wrists and numbness in both hands. This was the most recent clinical documentation submitted for review. The documented examination described tenderness in both wrists, decreased wrist motion, positive Finkelstein's test on the left, and positive Tinel's and Phalen's signs involving both wrists. The submitted and reviewed documentation concluded the worker was suffering from pain in both wrists, tinnitus, strain/sprain involving both wrists, and carpal tunnel syndrome involving both sides. Treatment recommendations included orthopedic evaluation, activity modification, and follow up care. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for nerve conduction studies (NCS) of both arms and wrists. The nerve conduction study report dated 08/28/2013 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of bilateral upper extremities & bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 165-188, 261.

Decision rationale: The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) studies to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The most recent documentation submitted for review indicated the worker was experiencing pain in both wrists and numbness in both hands. Electrodiagnostic studies of both arms done on 08/28/2013 showed normal findings. There was no discussion detailing subtle findings or a need to separate carpal tunnel syndrome from other conditions. In the absence of such evidence, the current request for nerve conduction studies (NCS) of both arms and wrists is not medically necessary.