Case Number:	CM15-0008979		
Date Assigned:	01/27/2015	**Date of Injury:**	07/02/2012
Decision Date:	03/25/2015	**UR Denial Date:**	12/29/2014
Priority:	Standard	**Application Received:**	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who reported injury on 07/02/2012. The mechanism of injury was noted to have occurred when a 2000+ pound transformer moved, causing the transformer to crush the injured worker's right wrist between it and a table. The diagnoses included complex regional pain syndrome type 1 and left wrist dislocation. The current medications were noted to include nortriptyline 30 mg daily. The injured worker underwent an open reduction and internal fixation and repair of the volar ligaments of the wrist in 07/2012. Other therapies included medication, splinting, and surgery. The documentation of 12/11/2014 revealed there was diminished sensation in the median nerve distribution of the right hand and 2 point discrimination was 4 mm on the radial 3.5 digits of the right hand versus 4 mm on the radial 3.5 digits of the left hand. The Semmes-Weinstein monofilament test revealed 0.4 g on the radial 3.5 digits of the bilateral hands and 0.4 g on the ulnar 1.5 digits of the bilateral hands. The diagnoses included complex regional pain syndrome and left wrist dislocation. The treatment plan included bilateral EMG/nerve conduction studies to help in the diagnosis of residual right carpal tunnel syndrome following the open decompression. There was a Request for Authorization submitted for review dated 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS left 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), Neck & Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicate nerve conduction velocities may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The documentation submitted for review indicated the injured worker had diminished sensation in the median nerve distribution. However, there was a lack of documentation of neurolopathic findings including a positive Phalen's or Tinel's to support the necessity for testing. Additionally, the prior conservative care was not provided for review. Given the above, the request for NCS of the left upper extremity is not medically necessary.

NCS right upper extremities: 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), Neck & Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicate nerve conduction velocities may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The documentation submitted for review indicated the injured worker had diminished sensation in the median nerve distribution. However, there was a lack of documentation of neuropathic findings including a positive Phalen's or Tinel's to support the necessity for testing. Additionally, the prior conservative care was not provided for review. Given the above, the request for NCS of the right upper extremity is not medically necessary.