

Case Number:	CM15-0103760		
Date Assigned:	06/08/2015	Date of Injury:	12/01/2010
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 51- year-old who has filed a claim for chronic elbow, wrist, and shoulder pain reportedly associated with an industrial injury of December 1, 2010. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a request for nerve conduction testing of the left upper extremity and right upper extremity. The claims administrator referenced a RFA form dated April 22, 2015 and associated progress note of April 6, 2015 in its determination. The claims administrator contended that the applicant had not failed conservative treatment as of the date of the request, although the applicant was seemingly some several years removed from the date of the injury as of the date in question. The applicant's attorney subsequently appealed. On October 6, 2014, the applicant reported ongoing complaints of right shoulder pain status post earlier shoulder surgery, right elbow epicondylitis, right wrist de Quervain tenosynovitis, and aright wrist ganglion cyst. The applicant also reported ancillary complaints of left shoulder pain. The applicant was using a TENS unit. The applicant was using Advil and tramadol for pain relief, it was reported. It was suggested that the applicant had been deemed capable of working, per medical-legal evaluator. On April 6, 2015, the applicant reported complaints of upper extremity paresthesias, which the applicant contends has been present for a long-term. The applicant was on Advil, tramadol, and Lidoderm patches, it was reported. The applicant had apparently found work through a new employer for some one month prior, it was reported. Positive Tinel sign was noted about the right and left wrist. Nerve conduction testing was sought to assess the first suspected carpal tunnel syndrome. The remainder of the file was surveyed. There was no documented evidence of prior electro diagnostic testing on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS left upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Yes, request for nerve conduction testing of the left upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 11, Table 11-7, page 272, nerve conduction testing is recommended for median nerve impingement at the wrist after failure of conservative treatment. Here, the attending provider posited that the applicant had been symptomatic for a long time as of the date of the request, April 6, 2015. The applicant did complain of upper extremity paresthesias on that date and exhibited a positive Tinel sign at the wrist(s). Moving forward with electro diagnostic testing to establish a presence or absence of carpal tunnel syndrome was thus, indicated, given the reported duration of the applicant's symptoms. Therefore, the request was medically necessary

NCS right upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Similarly, the request for nerve conduction testing of the right upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 11, Table 11-7, page 272, nerve conduction testing is recommended for median and ulnar nerve impingement at the wrist after failure of conservative treatment. Here, the applicant had seemingly failed several years of conservative treatment of time, medications, observation, etc. The applicant had been symptomatic for what appeared to be a significant amount of time as of the date of the request, April 6, 2015. The applicant did have complaints of upper extremity paresthesias with positive Tinel sign about the bilateral wrist(s), all of which were evocative of carpal tunnel syndrome. Nerve conduction testing in question was, thus, indicated, here. Therefore, the request was medically necessary.

