

<b>Case Number:</b>	CM15-0106071		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 41-year-old who has filed a claim for chronic neck, low back, mid back, and wrist pain reportedly associated with an industrial injury of December 1, 2012. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve a request for nerve conduction testing of the bilateral upper extremities. The claims administrator referenced an April 28, 2015 office visit in its determination. The claims administrator contended that the applicant had already had prior electro diagnostic testing suggestive of bilateral carpal tunnel syndrome. The applicant's attorney subsequently appealed. On May 20, 2015, the applicant reported ongoing issues with bilateral carpal tunnel syndrome, neck pain, back pain, hand tenderness, and shoulder strain. The applicant was using Norflex for pain relief, it was reported. The applicant's work status was not clearly detailed. The attending provider did state that the applicant had electro diagnostically-confirmed bilateral carpal tunnel syndrome. In a progress note dated November 4, 2014, the attending provider stated that the applicant had bilateral carpal tunnel syndrome with validating electro diagnostic studies. Work restrictions were endorsed. On April 28, 2015, the applicant reported issues with neck pain, hand pain, elbow pain, and frozen shoulders. The applicant was also described as having hand issues reportedly imputed to carpal tunnel syndrome. The attending provider suggested that the applicant had paresthesias about the fifth, ring, and middle fingers which the attending provider imputed to imputed to possible ulnar neuropathy. The applicant, moreover, did have positive Tinel signs at the bilateral wrists, the treating provider reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **NCV Left Upper Extremity:** Upheld

**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): 261.

**Decision rationale:** No, the request for nerve conduction testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electro diagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persist in whom earlier testing was negative, here, however, earlier electro diagnostic testing was in fact positive for bilateral carpal tunnel syndrome, seemingly obviating the need for the nerve conduction testing in question. Therefore, the request was not medically necessary.

### **NCV Right Upper Extremity:** Upheld

**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): 261.

**Decision rationale:** Similarly, the request for nerve conduction testing of the right upper extremity was likewise medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electro diagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persist in whom earlier testing was negative, here, however, it was suggested that earlier electro diagnostic testing was, in fact, positive for bilateral carpal tunnel syndrome, seemingly obviating the need for the repeat testing in question. The attending provider did not, furthermore, furnish a clear rationale for the repeat testing. The attending provider did not state how (or if) the repeat electro diagnostic testing would influence or alter the treatment plan. The attending provider did not state why he believed that the applicant's symptoms were in fact emanating from the elbow as opposed to the wrist on his April 28, 2015 progress note. Therefore, the request was not medically necessary.