

Case Number:	CM15-0132707		
Date Assigned:	07/20/2015	Date of Injury:	01/30/2013
Decision Date:	08/20/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/09/2015

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, Hawaii
 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 30 year old male who sustained an industrial injury on 01/30/13. Initial complaints and diagnoses are not available. Treatments to date include medications, bilateral carpal tunnel release surgery, occupational therapy, and cortisone injections to his right carpal tunnel. Diagnostic studies are not addressed. In a progress note dated 06/09/15 the treating provider reports the plan of care as a repeat nerve conduction stunt on the right. The requested treatment includes a nerve conduction study of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Nerve Conduction Study of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic) (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: The patient presents with pain affecting the right upper extremity. The current request is for 1 Nerve Conduction Study of the right upper extremity. The treating physician states in the report dated 6/9/15; His right carpal tunnel symptoms have persisted and worsened following the previous surgical procedure. At this juncture, a repeat nerve conduction study of the right would be indicated to rule out a recurrent and progressive carpal tunnel syndrome. (34B) The ACOEM guidelines state, If the physician has documented radiating pain into the extremity, and the physician requires differentiation of carpal tunnel syndrome vs. cervical radiculopathy or double crush syndrome, brachial plexus abnormality, diabetic neuropathy, or some other problem other than a cervical radiculopathy, then an NCV of the upper extremity is medically necessary. If there is neck or arm symptoms or both lasting longer than 3-4 weeks then it is medically necessary. In this case, the treating physician has documented that despite the carpal tunnel surgery which was performed on 5/2013, the patient has had worsening pain. The patient last had an NCV test done in 3/2013 which was before the surgery. The treating physician also has documented a need to rule out carpal tunnel syndrome. The current request is medically necessary.