

<b>Case Number:</b>	CM15-0182180		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Family Practice

### 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 48 year old female, who sustained an industrial-work injury on 5-23-12. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome, pain in bilateral hands, numbness bilateral fingers, bilateral medial epicondylitis and trigger finger. Medical records dated 8-4-15 indicate that the injured worker complains of right hand worsening pain, right hand swelling and right thumb is triggering again. She reports prolonged activity makes it hurt more, it swells with use, and there is numbness and tingling. The injured worker also reports triggers of left thumb, left carpal tunnel syndrome and bilateral medial pain at the elbows. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-4-15 the injured worker has not returned to work. The physical exam dated 8-4-15 reveals no trigger of right or left thumb, full range of motion of the bilateral wrists, there is tingling in the dorsal right wrist and hand on Phalen's testing, there is full range of motion in the fingers and no significant swelling noted. Treatment to date has included pain medication including Voltaren, diagnostics, activity modification, right carpal tunnel release, right trigger finger release, physical therapy, acupuncture, splinting and other modalities. The electromyography (EMG) test done on 10-21-14 reveals evidence of right mild to moderate right wrist median neuropathy at the carpal tunnel region. The electromyography (EMG) dated 12-16-13 reveals mild left carpal tunnel syndrome. The request for authorization date was 8-4-15 and requested service included Repeat nerve conduction velocity studies (NCV) bilateral hands and wrists. The original Utilization review

dated 9-1-15 non-certified the request as per the guidelines there are no documented acute changes in the injured workers condition and no left sided objective findings consistent with nerve compromise.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Repeat NCV bilateral hands/wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the MTUS guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. In this case, the injured worker is status post right carpal tunnel release in May 2013. Post-operatively, electrodiagnostic study revealed mild to moderate right median neuropathy with improvement to pre-op study. On December 12, 2013, electrodiagnostic study revealed left carpal tunnel syndrome. The current examination narrative does not establish evidence of red flags or re-injury to support the request for repeat study for the right hand. In addition, the current examination narrative does not establish objective examination findings of the left hand to support the request for repeat studies. The request for Repeat NCV bilateral hands/wrists is not medically necessary and appropriate.