

Case Number:	CM15-0198438		
Date Assigned:	10/13/2015	Date of Injury:	09/11/1992
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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: 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:

This is a 66-year-old female with a date of industrial injury 9-11-1992. The medical records indicated the injured worker (IW) was treated for carpal tunnel syndrome. In the progress notes (9-8-15), the IW reported no subjective complaints. She was seen for review of her nerve conduction study. On examination (9-8-15 notes), there was positive Tinel's sign at the right elbow at the ulnar nerve. There was tenderness to palpation at the basal thumb joint and radial subluxation of the thumb metacarpal without instability to stress. Carpometacarpal grind test was positive. Grip strength, finger abduction and thumb extension was 5 out of 5. Sensation was intact in the median, ulnar and radial distributions. There was no lymphadenopathy. Treatments included carpal tunnel release. Electrodiagnostic testing on 8-17-15 was consistent with "a residual following a successful carpal tunnel release with no evidence of recurrence of the median neuropathy". A Request for Authorization was received for one nerve conduction study. The Utilization Review on 9-29-15 non-certified the request for one nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

One nerve conduct study: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, electrodiagnostic testing on 8-17-15 was consistent with successful carpal tunnel release with no evidence of recurrence of the median neuropathy. There have been no interval changes that would warrant a repeat EMG, therefore, the request for one nerve conduct study is not medically necessary.