

Case Number:	CM14-0208077		
Date Assigned:	12/22/2014	Date of Injury:	03/22/2004
Decision Date:	02/17/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with a date of injury of March 22, 2004. A utilization review determination dated November 13, 2014 recommends noncertification of bilateral upper extremity nerve conduction studies. Noncertification is recommended due to lack of documentation of any changes to warrant a repeat nerve conduction study since the most recent study on February 28, 2014. A progress report dated November 10, 2014 identifies subjective complaints of "symptoms of bilateral carpal tunnel syndrome." Objective examination findings identify "+ Tinel's sign." The diagnosis is bilateral carpal tunnel syndrome. The treatment plan recommends a nerve conduction study, Norco, Ambien, and alprazolam. A progress report dated February 28, 2014 identifies objective examination findings of "median motor nerve conduction velocities-2.7 ms bilaterally."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremities nerve conduction studies: 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): 261.

Decision rationale: Regarding the request for NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, it appears the patient underwent some component of nerve conduction velocity testing on February 28, 2014. It is unclear how extensive this testing was. There is no documentation of any change in the patient's symptoms or objective examination findings since the time of that study. Additionally, it is unclear how medical decision-making will be changed based upon the outcome of the currently requested study. Finally, it seems reasonable to perform a thorough neurologic evaluation prior to requesting electrodiagnostic studies. Due to the above issues, the currently requested NCS of bilateral upper extremities is medically necessary.