

Case Number:	CM15-0013220		
Date Assigned:	02/02/2015	Date of Injury:	08/22/2013
Decision Date:	03/19/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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: Emergency 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 injured worker is a 52 year old female, who sustained a continuous trauma industrial injury to her hands and wrists dating 08/22/2012-08/22/2013. The diagnoses have included right and left shoulder sprain, right and left carpal tunnel syndrome status post carpal tunnel release surgeries, and right and left hand sprain. Treatments to date have included bilateral carpal tunnel release surgery, cortisone injections, physical therapy, and medications. Diagnostics to date have included nerve conduction studies on her right upper extremity in October 2013 which revealed right carpal tunnel syndrome. In a progress note dated 01/06/2015, the injured worker presented with complaints of pain in the shoulders, elbows, hands, and wrists. The treating physician reported frequent sharp pain in left hand that is aggravated with gripping and grasping. Utilization Review determination on 01/13/2015 non-certified the request for Nerve Conduction Studies of the Left Hand citing American College of Occupational and Environmental Medicine and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study (NCS) of the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Carpal tunnel syndrome procedure summary, Forearm, wrist and hand procedure summary, EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Pages 268-269, 272-273.

Decision rationale: The requested Nerve conduction study (NCS) of the left hand, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has pain in the shoulders, elbows, hands, and wrists. The treating physician reported frequent sharp pain in left hand that is aggravated with gripping and grasping. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive provocative neurologic findings, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Nerve conduction study (NCS) of the left hand is not medically necessary.