

Case Number:	CM15-0173335		
Date Assigned:	09/15/2015	Date of Injury:	10/30/2014
Decision Date:	10/16/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, Florida, 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 48-year-old female worker who was injured on 10-30-2014. The medical records reviewed indicated the injured worker (IW) was treated for overuse syndrome of the left upper extremity; left thumb tendinitis; and possible left upper extremity chronic regional pain syndrome. The progress notes (6-5-15) indicated the IW had severe pain in the left thumb with contracture; the previous stellate block was ineffective. On physical examination (6-5-15) the IW was anxious and guarded her left upper extremity. There was allodynia in the left thumb with limited flexion and mild hyperalgesia extending to the wrist with left hand grasp weakness. Gabapentin and Cymbalta were discontinued due to poor tolerance. Lidoderm patches and Prilosec were continued. The IW was not working. Treatments included physical therapy (at least 18 sessions), which did not improve the pain; a nerve block injection, which did not alleviate the pain; and a hand brace. A Request for Authorization dated 7-29-15 was received for nerve conduction velocity (NCV) studies of bilateral upper extremities. The Utilization Review on 8-3-15 modified the request for nerve conduction velocity (NCV) studies of bilateral upper extremities to allow a NCV study of the left upper extremity due to lack of documented symptoms in the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (nerve conduction velocity), bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: This claimant was injured in 2014 with reported overuse syndrome of the left upper extremity; left thumb tendinitis; and possible left upper extremity chronic regional pain syndrome. There was severe pain in the left thumb with contracture; the previous stellate block was ineffective. There was allodynia in the left thumb with limited flexion and mild hyperalgesia extending to the wrist with left hand grasp weakness. The Utilization Review on 8-3-15 modified the request for nerve conduction velocity (NCV) studies of bilateral upper extremities to allow a NCV study of the left upper extremity due to lack of documented symptoms in the right upper extremity. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there were neurologic findings on the left, but not on the right, and so it would not be clinically appropriate to do both sides. The request as presented was appropriately not certified. Therefore, the requested treatment is not medically necessary.