

Case Number:	CM15-0179119		
Date Assigned:	09/21/2015	Date of Injury:	06/19/2009
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: North Carolina

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 62-year-old male who sustained an industrial injury on June 19, 2009. A recent primary treating office visit dated August 20, 2015 reported chief subjective complaint of left hand numbness and tingling. Objective assessment found the left hand with well healed incision over the carpal tunnel, and cubital tunnel. Definitely positive and reproducible Tinel's at the pronator along with positive Tinel's at the carpal tunnel positive compression and Phalen's test. He has "diminished sensation subjectively in the palmar cutaneous nerve distribution." The assessment noted the worker with recurrent versus persistent carpal tunnel syndrome; he may also have pronator teres syndrome. The following diagnoses were applied to this visit: lesion of ulnar nerve; carpal tunnel syndrome; wrist pain, and osteoarthritis. The plan of care is with recommendation for a Semmes Weinstein monofilament mapping test which would be helpful to precisely delineate the pattern of his sensory disturbance. If this is consistent with a proximal median nerve lesion and surgical decompression here may be reasonable. He should also have another follow up to discussion findings of the mapping. Previous treatment to include: activity modification, medications, psychological behavioral therapy. On February 25, 2015, the worker underwent neurological and electromyography testing that revealed: mild conduction slowing in the left ulnar nerve; absence of left median sensory response across the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Semmes - Weinstein monofilament mapping: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (updated 07/15/2015) - Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) monofilament testing.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the requested test is not recommended. Monofilament testing in the evaluation of peripheral neuropathy is not a recommended service by itself for the evaluation of peripheral neuropathy. This patient has ulnar neuropathy and carpal tunnel symptoms. A more appropriate test would be EMG/NCV. Therefore, the request is not medically necessary.

Follow up to go over Semmes - Weinstein monofilament mapping test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (updated 04/02/2015) - Online version,.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) monofilament testing.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the requested test is not recommended. Monofilament testing in the evaluation of peripheral neuropathy is not a recommended service by itself for the evaluation of peripheral neuropathy. This patient has ulnar neuropathy and carpal tunnel symptoms. A more appropriate test would be EMG/NCV. Therefore, the request is not medically necessary.