

<b>Case Number:</b>	CM15-0038799		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/29/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: New York, West Virginia, Pennsylvania  
 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 57-year-old female, who sustained an industrial injury on April 29, 2008. She reported bilateral wrist pain. The injured worker was diagnosed as having status post right middle finger, and trigger finger on the left ring finger. Treatment to date has included carpal tunnel release, right middle finger trigger release, and medications. Currently, the injured worker complains of worsening pain, numbness and tingling in both hands. She also reports increasing stiffness of both wrists, and frequent cramps in her hands. Physical findings reveal positive Tinel's, Durkan's, and Phalen's testing. She has decreased sensation to light touch of the wrists more on the right than left. She has not been through physical therapy. Electrodiagnostic studies from 2009 revealed severe bilateral carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV (nerve conduction velocity) of Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286, table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome (Acute & Chronic) chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Guidelines recommend NCV in patients with clinical signs of CTS who may be candidates for surgery. However, the patient is s/p bilateral carpal tunnel syndrome release. Thus, she is not a candidate for surgery. Thus, the request for right upper extremity NCV is not medically necessary and appropriate.

**NCV (nerve conduction velocity) of Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286, table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome (Acute & Chronic) chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** Guidelines recommend NCV in patients with clinical signs of CTS who may be candidates for surgery. However, the patient is s/p bilateral carpal tunnel syndrome release. Thus, she is not a candidate for surgery. Thus, the request for left upper extremity NCV is not medically necessary and appropriate.