

<b>Case Number:</b>	CM14-0151554		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/10/2009
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 54 year old female with date of injury 7/10/09. The diagnoses include left rotator cuff tear - status post repair; SLAP lesion, left shoulder - status post repair; AC joint arthritis - status post excision of the distal clavicle; left biceps tendinitis - status post open biceps tenodesis; right carpal tunnel syndrome; clinical left carpal tunnel syndrome; and cervicobrachial syndrome - C5-C6 spondylosis - flare-up completed a course of therapy for her shoulder. Under consideration is nerve conduction study and test. There is an 8/25/14 progress note that states that the patient notes pain and weakness in the shoulder and has ongoing pain in the neck. She has found Norco and Soma helpful for some symptoms. She complains of increasing numbness and weakness in both hands. The numbness is worse on the right than the left. On physical examination, the patient has 80% normal range of motion of the cervical spine. There is tenderness to palpation over the right anterior and posterior cervical triangle and left anterior and posterior cervical triangle. There is no tenderness to palpation over the trapezius and interscapular area. The patient can forward flex the right shoulder to 170 degrees, abduct it to 170 degrees, externally rotate it to 70 degrees, and internally rotate it to 30 degrees. The impingement sign is negative. The adduction sign is negative. There is tenderness to palpation on the anterior aspect of the right shoulder. Exam of the right hand demonstrates positive Tinel sign, positive Phalen sign, and negative compression sign. Sensation slightly decreased with light touch thumb, index and long fingers. The patient can forward flex the left shoulder to 160 degrees, abduct it to 160 degrees, externally rotate it to 70 degrees, and internally rotate it to 30 degrees. The impingement sign is weakly positive. The adduction sign is weakly positive. There is tenderness over the anterior aspect of the shoulder. Examination of the left hand demonstrates positive Tinel sign, weakly positive Phalen sign, and negative compression sign. There is good

sensation with light touch in the digits distally. Review of nerve conduction study performed in 2010 demonstrates bilateral median neuropathies. The treatment plan states that she should also undergo repeat nerve conduction study of both upper extremities as her symptoms related to carpal tunnel have gotten increasingly worse over the last several weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nerve conduction study, evaluation and test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 260, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Treatment in Workers' Compensation (TWC), Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Nerve conduction study evaluation and test is not medically necessary per the ACOEM MTUS guidelines. The guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The documentation indicates that the patient has had prior nerve conduction testing, which was positive for median neuropathy at the carpal tunnel. It is unclear why a repeat study is needed. Therefore, the request is not medically necessary.