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| Case Number: | CM13-0018239 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 07/15/2012 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 08/09/2013 |
| Priority: | Standard | Application Received: | 08/29/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 9, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The applicant's attorney later appealed. A subsequent progress report of August 15, 2013, is notable for comments that the applicant reports persistent neck pain. The applicant has a positive Spurling maneuver. The applicant also has positive Tinel and Phalen's maneuver about the right hand and right thumb. It is stated that the applicant may have a double crush syndrome with the right side more pronounced than the left. The applicant has dysesthesias about the right elbow as well and a positive Tinel's sign at the elbow, it is further noted. An earlier note of August 1, 2013, is notable for comments that the applicant has neck pain radiating into the bilateral upper extremities with associated numbness and tingling, right greater than left. It is again stated that a double crush injury is suspected with cervical radiculopathy versus possible carpal tunnel syndrome versus superimposed cervical radiculopathy, carpal tunnel syndrome, and right-sided cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro EMG/NCV Left Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 261.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 8, EMG and NCS testing may help identify subtle focal neurologic dysfunction in those applicants with neck or arm symptoms which last greater than three to four weeks. This is echoed by the ACOEM Guidelines in Chapter 11, which also notes that appropriate electrodiagnostic testing may help to differentiate carpal tunnel syndrome from other potentially overlapping concerns, such as cervical radiculopathy. In this case, the attending provider has seemingly suggested that the applicant may have a double crush phenomenon with overlapping cubital tunnel syndrome, carpal tunnel syndrome, and/or cervical radiculopathy. Therefore, the original utilization review decision is overturned. The request for retro EMG/NCV of the left upper extremity is medically necessary and appropriate.