MAXIMUS Federal Services

Case Number:	CM13-0019759		
Date Assigned:	10/11/2013	Date of Injury:	12/10/2010
Decision Date:	05/23/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/03/2013

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 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 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 represented [redacted] employee who has filed a claim for chronic shoulder, wrist, and low back pain reportedly associated with an industrial injury of December 10, 2010. Thus far, the patient has been treated with the following: Analgesic medications; a wrist de Quervain's release surgery; attorney representations; transfer of care to and from various providers in various specialties; adjuvant medications; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of August 1, 2013, the claims administrator denied a request for repeat EMG testing of the right and left upper extremity, stating that there is no evidence that the patient had failed conservative treatment. It was incidentally noted that the patient had positive Tinel and Phalen signs on an office visit of June 20, 2013. A September 4, 2013 progress note was notable for comments that the patient reported persistent numbness and tingling about the bilateral upper extremities. The patient had positive Tinel and Phalen signs with decreased grip strength appreciated. The patient was given diagnoses of cervical radiculopathy, lumbar radiculopathy, shoulder impingement syndrome, and wrist tendinitis/bursitis. The patient was described as having used wrist braces which apparently were only incompletely successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EMG RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 261.

Decision rationale: As with the right upper extremity, the patient is significantly symptomatic insofar as the left upper extremity is concerned. The patient has a variety of upper extremity, shoulder, wrist, and neck complaints. As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies may help to distinguish between carpal tunnel syndrome and other pathologies here, including possible cervical radiculopathy. Accordingly, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.

REPEAT EMG LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including NCS testing and/or EMG testing may be helpful in distinguishing between carpal tunnel syndrome and other suspected conditions, such as cervical radiculopathy. In this case, the patient has a host of neck and upper extremity complaints. Obtaining EMG testing to help distinguish between carpal tunnel syndrome and other suspected conditions, such as cervical radiculopathy, is indicated and appropriate. Contrary to what was suggested by the claims administrator, the patient has in fact failed conservative treatment in the form of time, medications, physical therapy, etc., and is still markedly symptomatic, several years removed from the date of injury. Repeat electrodiagnostic testing to help establish the diagnosis is indicated and appropriate. Therefore, the request is certified, for all of the stated reasons.