

Case Number:	CM13-0020128		
Date Assigned:	03/26/2014	Date of Injury:	01/01/2004
Decision Date:	04/30/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 applicant is a [REDACTED] employee who has filed a claim for neck pain, back pain, and carpal tunnel syndrome reportedly associated with an industrial injury of January 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; thoracic radiofrequency ablation procedure; unspecified amounts of physical therapy; earlier left and right carpal tunnel release surgeries; and a 42% whole-person impairment rating through an Agreed Medical Evaluation. In a Utilization Review Report of August 27, 2013, the claims administrator denied a request for EMG testing of the bilateral upper extremities, citing a variety of non-MTUS ODG Guidelines, it is incidentally noted. The applicant's attorney subsequently appealed. The UR report stated that the applicant did have ongoing issues with hypertension and that the attending provider did not submit any evidence of ongoing peripheral nerve entrapment or radiculopathy to warrant further investigation. Earlier electrodiagnostic testing of March 15, 2013 is notable for comments that the applicant has severe bilateral median nerve compromise with associated demyelination and concomitant evidence of a chronic left C5-C6 radiculopathy. There is also evidence of superimposed sensory polyneuropathy, it appears. In a January 24, 2014 Agreed Medical Evaluation, the applicant is described as having persistent neck and arm pain. The applicant's left arm is constantly asleep, it is stated. She is ultimately given a 42% whole-person impairment rating. In a handwritten note of April 20, 2013, the applicant's primary treating provider did seek authorization for EMG testing, it appears, although the note is quite difficult to follow. In a neurology consultation of April 19, 2013, the applicant is described as having issues with small fiber peripheral neuropathy superimposed on ongoing issues with previously diagnosed carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) TO BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Treatment of Workers; Compensation, Online Edition, Elbow chapter and Carpal Tunnel syndrome (Acute & Chronic), Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 26.

Decision rationale: While the MTUS-adopted Guidelines in Chapter 11, page 261 do acknowledge that appropriate electrodiagnostic testing, including EMG (Electromyography) testing, may be helpful in differentiating between a suspected cervical radiculopathy and carpal tunnel syndrome, in this case, the applicant has already had earlier electrodiagnostic testing in March 2013 which was notable for both a cervical radiculopathy and evidence of superimposed carpal tunnel syndrome and generalized peripheral neuropathy, likely associated with the applicant's hypertension. It is unclear what role a repeat testing would serve in this context as all three diagnoses of carpal tunnel syndrome, cervical radiculopathy, and generalized peripheral neuropathy are already clinically evident and electrodiagnostically confirmed. Therefore, the request for EMG (Electromyography) to bilateral upper extremities is not medically necessary and appropriate