

Case Number:	CM13-0029572		
Date Assigned:	11/01/2013	Date of Injury:	05/03/2012
Decision Date:	02/06/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/26/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for bilateral wrist and hand pain reportedly associated with cumulative trauma at work first claimed on May 3, 2012. Thus far, the claimant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; reportedly normal electrodiagnostic testing of April 26, 2013; splinting; attorney representation; and wrist surgery for De Quervain Tenosynovitis on November 18, 2012. In a utilization review report of September 16, 2013, the claims administrator denied a request for electrodiagnostic testing of the upper extremities. 2007 MTUS Guidelines were cited, along with non-MTUS ODG Guidelines. A July 23, 2013 orthopedic consultation is notable for comments that the applicant has developed persistent complaints of wrist pain, has tingling about the hands, has positive Tinel and Phalen signs, and is off of work. Electrodiagnostic testing is endorsed. A subsequent note of August 9, 2013 is again notable for comments that the applicant has persistent symptoms about both wrists, has been unable to return to regular work, and has a positive Tinel sign about the right wrist. Repeat electrodiagnostic testing is endorsed while the applicant is returned to work with a rather proscriptive 2 pound lifting limitation. A follow up visit with the applicant's surgeon is again sought. On later visits of September 6, 2013, September 26, 2013, and October 4, 2013, it is again stated that the applicant reports on and off numbness and tingling about the bilateral digits of the hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG-NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68. Decision based on Non-MTUS Citation ACOEM Guidelines, Electrodiagnostic Studies- Upper Extremities, pg. 261, and the Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 11, electrodiagnostic testing may be repeated "later in the course of treatment if symptoms persist." In this case, the applicant has had persistent symptomatology suggestive of bilateral carpal tunnel syndrome at the six- to seven-month mark of the prior electrodiagnostic testing in April 2013. Repeat electrodiagnostic testing to definitively establish the diagnosis is indicated. The request for an EMG-NCS of the bilateral upper extremities is medically necessary and appropriate.