

Case Number:	CM13-0031493		
Date Assigned:	12/04/2013	Date of Injury:	09/01/2011
Decision Date:	03/04/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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 thumb arthritis, a ganglion cyst, carpal tunnel syndrome, bilateral hand pain, and upper extremity tendinitis reportedly associated with cumulative trauma at work, first claimed on September 1, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; right carpal tunnel release surgery in December 2012; ganglion cyst removal; 30 sessions of postoperative physical therapy; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 17, 2013, the claims administrator denied a request for electrodiagnostic testing of the upper extremities, citing mislabeled non-MTUS Guidelines. The applicant's attorney subsequently appealed. A September 9, 2013 progress note is notable for comments that the applicant reports worsening right hand pain with associated numbness, tingling, diminished grip strength, diminished light touch sensorium in the right median nerve distribution. A surgical scar is noted. A positive Tinel and carpal compression signs are appreciated bilaterally. The applicant's history treatment is reviewed. All of the applicant's symptoms have seemingly pertained to the right upper extremity. The applicant is asked to pursue repeat bilateral electrodiagnostic testing and remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in chapter 11 do support repeat electrodiagnostic testing in individuals who have negative testing earlier in the disease course if symptoms persist, in this case, as noted previously, the applicant's symptoms are confined to the affected right hand. It is unclear why bilateral electrodiagnostic testing is being sought here as all of the applicant's symptoms seemingly pertain to the affected right hand and digits. While repeat electrodiagnostic testing involving the affected right upper extremity could have been supported on the grounds that the applicant may have a new or recurrent carpal tunnel compression following prior surgical release, the applicant, per the documentation on file, is entirely asymptomatic and so far as the left hand and left upper extremity are concerned. Since partial certifications are not permissible through the independent medical review process, the request is wholly not certified.