MAXIMUS Federal Services

Case Number:	CM13-0035542		
Date Assigned:	02/03/2014	Date of Injury:	12/13/2012
Decision Date:	04/30/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 Millennium Insurance Company employee who has filed a claim for chronic neck pain and upper extremity paresthesias reportedly associated with an industrial injury of December 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; attorney representation; and transfer of care to and from various providers in various specialties. In a utilization review report of October 2, 2013, the claims administrator retrospectively denied a request for electrodiagnostic testing of the bilateral upper extremities. It was noted that said electrodiagnostic testing of June 10, 2013 did demonstrate evidence of mild bilateral carpal tunnel syndrome. The claims administrator cited both MTUS and non-MTUS ODG Guidelines to deny the request. No clear rationale for the denial was seemingly provided. In a progress note of July 23, 2013, the applicant is described as having a variety of issues, including a past medical history which is notable for diabetes. The applicant is asked to undergo an EKG for atypical chest pain. It is noted that much of the attending provider documentation is sparse, handwritten, employs preprinted checkboxes, contains very little or no narrative commentary, and is difficult to follow. In a record review dated June 30, 2013, the earlier treating providers noted that the applicant had ongoing issues with left upper extremity paresthesias as early as December 27, 2012. In a handwritten note of October 15, 2013, the applicant is given diagnoses of left shoulder pain, rotator cuff tendinosis, degenerative disk disease, thoracic strain, lumbar strain, and left forearm contusion. There is no mention of any issues with upper extremity paresthesias on this date. In a subsequent note of November 27, 2013, the applicant is described as having continuing left shoulder pain, mid back pain, low back pain, and insomnia. Electrodiagnostic testing of the upper extremities is sought. The applicant is described using Motrin and Flexeril. On June 10,

2013, the physiatrist who performed the electrodiagnostic testing stated that the applicant did have neck pain radiation to left arm and numbness about the shoulder and fingers. On this occasion, it is stated that the applicant had no significant past medical history and was using Motrin and a muscle relaxant. Normal upper extremity strength and sensorium were noted. The applicant was described as having bilateral median and sensory neuropathies on this occasion with no evidence of cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE EMG OF THE RIGHT UPPER EXTREMITY ON 6/10/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does state that EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. In this case, however, the documentation on file was sparse, largely handwritten, not entirely eligible, and extremely difficult to follow. It is noted, however, that there was no mention that the applicant is having any signs or symptoms pertaining to the right upper extremity. All the applicant's issues seemingly revolved around the affected left upper extremity. Since there was little or no mention of any active issues pertaining to the right upper extremity and since the primary treating provider did not provide any clear rationale for the test in question, the request is retrospectively not certified, on independent medical review.

RETROSPECTIVE EMG OF THE LEFT UPPER EXTREMITY ON 6/10/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic testing, including EMG and/or NCV testing, can be employed to help differentiate between carpal tunnel syndrome and other suspected diagnoses, such as cervical radiculopathy. In this case, the documentation on file while sparse, handwritten, largely illegible at times, and very difficult to follow at other times, does seemingly establish the presence of ongoing issues with pain and paresthesias associated with the left upper extremity. The applicant did have issues with concomitant neck pain. Electrodiagnostic testing of the affected left upper extremity to determine the source of the applicant's complaints was indicated

and appropriate. Therefore, the request is retrospectively certified, on independent medical review.

RETROSPECTIVE NCV OF THE RIGHT UPPER EXTREMITY ON 6/10/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272-261.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261 does support appropriate electrodiagnostic testing to help differentiate between carpal tunnel syndrome and suspected cervical radiculopathy, in this case, however, the attending provider did not clearly proffer any rationale for the test in question. The attending provider did not clearly state why testing of the contralateral, unaffected right upper extremity was being performed. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine uses of NCV and/or EMG testing in evaluation of applicants without symptoms "not recommended." In this case, since the applicant had no seeming symptoms referable to the right upper extremity, the request is not certified.

RETROSPECTIVE NCV OF THE LEFT UPPER EXTREMITY ON 6/10/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies are recommended to help differentiate between carpal tunnel syndrome and other suspected diagnoses, including cervical radiculopathy. In this case, the applicant, based on the at times difficult documentation to follow, progress notes on file, medical evidence on file, etc., did seemingly establish the proposition that applicant had had longstanding issues with neck pain and associated left upper extremity paresthesias for a period of several months. Appropriate electrodiagnostic testing to help definitively establish the diagnosis of carpal tunnel syndrome was indicated and appropriate; at least insofar as the symptomatic left upper extremity was concerned. Therefore, the request is retrospectively certified, on independent medical review.