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| Case Number: | CM13-0041356 | | |
| Date Assigned: | 02/20/2014 | Date of Injury: | 06/02/2013 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

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 represented employee who has filed a claim for wrist and knee pain associated with an industrial injury of June 2, 2013. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; MRI imaging of the wrist and knee of September 6, 2013, reportedly read as negative; and extensive periods of time off of work, on total temporary disability. A clinical progress note of November 6, 2013 is notable for comments that the applicant reports persistent knee pain. The applicant is asked to consult a podiatrist for foot pain. Knee and wrist MRI imaging are reported to be negative. The applicant does have a positive Phalen sign about the wrist. Extracorporeal shockwave therapy, acupuncture, and physical therapy are endorsed while the applicant is placed off of work, on total temporary disability. The applicant is described as having sharp wrist pain but no upper extremity paresthesias mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG FOREARM, WRIST AND HAND COMPLAINTS, , 271-273

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The California MTUS Guidelines state that electrical studies may be indicated in applicants in whom peripheral nerve impingement is suspected who have failed to improve or worsen within 4 to 6 weeks of initiation of treatment. In this case, however, the documentation on file is sparse, handwritten, not entirely legible, and does not clearly establish the presence of suspected peripheral nerve impingement for which electrical studies would be indicated. There is no mention made of upper extremity paresthesias that would support the need for nerve conduction testing of the left upper extremity. Therefore, the requested NCV is not medically necessary or appropriate at this time.

ELECTROMYOGRAPHY (EMG) LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG FOREARM, WRIST AND HAND

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

Decision rationale: The California MTUS Guidelines state that appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In this case, the documentation on file is sparse, handwritten, not entirely legible, and difficult to follow. No clear rationale for the test in question was proffered by the attending provider. It is not clearly stated that either carpal tunnel syndrome or cervical radiculopathy is in the list of diagnoses or suspected diagnoses. There is no mention made of neck pain, it is incidentally noted, no mention made of upper extremity paresthesias, based on the limited information on file. Therefore, the requested EMG is not medically necessary or appropriate at this time.

NERVE CONDUCTION VELOCITY (NCV) RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The California MTUS Guidelines acknowledge that electrical studies may be indicated in applicants in whom peripheral nerve impingement is suspected if no improvement or worsening has occurred within four to six weeks. In this case, however, the extent, duration, magnitude, scope, and severity of the applicant's upper extremity symptoms have not been completely described or characterized. The documentation on file is sparse and, at times handwritten and not entirely legible. While there are complaints of wrist pain, there are no

complaints of upper extremity paresthesias, dysesthesias, numbness, or tingling, which might call into question a possible peripheral nerve impingement for which electrical studies would be indicated. Therefore, the requested NCV is not medically necessary or appropriate at this time.

EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG FOREARM, WRIST AND HAND

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

Decision rationale: The California MTUS Guidelines state that appropriate electrodiagnostic studies, including EMG testing, may be helpful to help differentiate between carpal tunnel syndrome and other suspected conditions, such as cervical radiculopathy. In this case, however, the documentation on file is sparse, at times handwritten, and at times illegible. There is no clearly voiced suspicion of cervical radiculopathy or carpal tunnel syndrome that would make the case for EMG testing here. No clear diagnosis or differential diagnoses are provided. There is also no clear mention of upper extremity paresthesias on any recent progress note. Therefore, the requested EMG is not medically necessary or appropriate at this time.