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| Case Number: | CM13-0045042 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/22/2011 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 10/04/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of July 22, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; hand and wrist splinting; and earlier wrist fusion surgery. In a Utilization Review Report dated October 4, 2013, the claims administrator partially approved a request for electrodiagnostic testing of the bilateral upper extremities as NCV testing of the left upper extremity alone and denied a request for an MRI of the right shoulder. The applicant's attorney subsequently appealed. In a May 12, 2014 progress note, the applicant reported persistent complaints of pain, swelling, and popping about the left wrist. The applicant was having paresthesias about the left long, ring, and little finger at least three to five times a day, it was stated. The applicant was trying to wear a splint at night. The applicant was status post elbow epicondyle injection on September 11, 2013, it was incidentally noted. Diminished grip strength about the left hand was noted in the 10- to 20-pound range versus 45-60 pounds about the right hand. A positive Finkelstein maneuver was noted about the left hand. A positive Tinel sign was noted about the left elbow as well as a positive Tinel sign noted about the left wrist. The attending provider stated that the applicant had subtle left-sided carpal tunnel syndrome which is electrodiagnostically silent and further noted that the applicant was status post wrist fusion surgery on October 2012 as well as status post wrist ganglion cyst excision in October 2012. The attending provider suggested that the applicant could consider a hardware removal surgery at a later point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: The primary suspected diagnosis here appears to be left wrist carpal tunnel syndrome versus left elbow cubital tunnel syndrome. While the MTUS Guideline in ACOEM Chapter 11, page 261 does support appropriate electrodiagnostic testing, including the EMG testing at issue, to help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy and/or the ulnar neuropathy seemingly suspected here, this recommendation is qualified by commentary made in ACOEM Chapter 11, Table 11-7, page 272 to the effect that routine usage of NCV or EMG testing in the diagnostic evaluation of applicants without symptoms is "not recommended." In this case, the applicant is, in fact, seemingly asymptomatic insofar as the right upper extremity is concerned. Since EMG testing of the bilateral upper extremities would, by implication, involve testing of the asymptomatic left upper extremity, the request, as written, cannot be endorsed. Therefore, the request is not medically necessary.

NCS Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does support appropriate electrodiagnostic studies, including the nerve conduction testing at issue here, to help differentiate between carpal tunnel syndrome and other suspected conditions, such as cervical radiculopathy and/or the ulnar neuropathy also seemingly suspected here, this recommendation is qualified by commentary made in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is "not recommended." In this case, the applicant is seemingly asymptomatic insofar as the right upper extremity is concerned. Since NCS testing of the bilateral upper extremities would, by implication, involve testing of the asymptomatic right upper extremity, the request, as written, cannot be endorsed. Therefore, the request is not medically necessary.