

Case Number:	CM13-0045487		
Date Assigned:	07/02/2014	Date of Injury:	02/27/2013
Decision Date:	08/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/23/2013

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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and initial return to regular work. In a Utilization Review Report dated October 10, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator did not incorporate cited MTUS guidelines into its rationale and stated that electrodiagnostic studies were not indicated for subjective complaints without associated objective findings. In a progress note dated July 1, 2013, the applicant presented with complaints of left shoulder, left wrist, neck, and back pain with paresthesias, fatigability, and cramping about the left hand and digits. The applicant had a negative Spurling maneuver about the neck with a positive Phalen sign appreciated about the left wrist. The applicant was returned to regular duty work. On July 22, 2013, the attending provider again stated that the applicant could return to regular work. The applicant was described as having patchy decreased sensorium about the left lower extremity on this occasion. A positive Tinel sign was noted about the left wrist. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities were ordered on August 26, 2013. On that date, the applicant was described as remaining symptomatic. Decreased sensorium was noted about the left upper extremity in the median nerve distribution with 4/5 strength noted about the same. The applicant was given a diagnosis of left wrist carpal tunnel syndrome and tendinitis with volar gangrene cyst. Oral ketoprofen, Norco, and Protonix was endorsed. The applicant was again returned to regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

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

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

Decision rationale: While the MTUS guideline in ACOEM Chapter 11, page 261 does acknowledge that appropriate electrodiagnostic testing may help to differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy, 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 diagnostic evaluation of applicants without symptoms is "not recommended." In this case, while the applicant is symptomatic insofar as the cervical spine and left upper extremity are concerned, there is no mention of any symptoms pertaining to the unaffected, seemingly asymptomatic right upper extremity. There was no reported neck pain radiating to the right arm. All of the applicant's symptoms are associated with the neck and left arm. All of the signs of hyposensorium and/or median neuropathy were likewise confined to the left wrist. EMG testing of the bilateral upper extremities is not indicated, as it would involve testing of the asymptomatic right upper extremity. Therefore, the request is not medically necessary.

NCV BILATERAL UPPER EXTREMITIES: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine usage of NCV or EMG testing in the diagnostic evaluation of applicants without symptoms is "not recommended." In this case, the applicant is, as previously noted, entirely asymptomatic insofar as the right upper extremity is concerned. All of the applicant's symptoms pertain to the symptomatic left upper extremity. A diagnosis of left-sided carpal tunnel syndrome is suspected. There is no mention of any symptoms associated with or pertaining to the uninvolved right upper extremity. Since NCV testing of the bilateral upper extremities would involve testing of an asymptomatic limb, the request is not, therefore, supported by ACOEM. Therefore, the request is not medically necessary.