MAXIMUS Federal Services

Case Number:	CM13-0053679		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2012
Decision Date:	03/18/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	11/18/2013

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 chronic neck, shoulder, and upper extremity pain reportedly associated with an industrial injury of November 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior right shoulder surgery on October 18, 2013; and unspecified amounts of postoperative physical therapy. In a Utilization Review Report of August 27, 2013, the claims administrator denied a request for electrodiagnostic testing of the upper extremities. The applicant's attorney subsequently appealed. In a December 23, 2013 progress note, the applicant continues to report persistent shoulder pain. She also reports radiation of pain down the left shoulder to the left hand. She also has neck pain radiating down the palms of both hands. Numbness, tingling, and paresthesias are also appreciated about the neck and hands. The applicant is a nonsmoker. She is asked to pursue additional physical therapy following shoulder surgery. Electrodiagnostic testing of the upper extremities is sought. An earlier progress note of April 29, 2013, is notable for comments that the applicant reports neck pain radiating down to the bilateral arms with associated numbness and tingling about the wrist. 4 to 5/5 upper extremity strength is appreciated. Electrodiagnostic testing was sought. A rather prospective 10-pound lifting limitation was imposed

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapters 8 and 11, electrodiagnostic testing can help identify subtle focal neurologic dysfunction in applicants with neck or arms symptoms which persist greater than three to four weeks and can, furthermore, help to differentiate between a possible cervical radiculopathy versus another cause of upper extremity complaints, such as a possible carpal tunnel syndrome. In this case, the applicant has longstanding neck and arm complaints with no clear source. Electrodiagnostic testing to help identify the source of the applicant's neck and/or arm complaints is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified.

EMG of the left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapters 8 and 11, electrodiagnostic testing is indicated in those individuals with persistent neck and/or arm complaints which last greater than three to four weeks and can, moreover, help to distinguish between a peripheral neuropathy such as carpal tunnel syndrome and possible cervical radiculopathy. In this case, the applicant's longstanding neck and arm complaints do warrant further investigation via electrodiagnostic testing. Accordingly, the request is certified, on Independent Medical Review.

NCV of the left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Again, the applicant has longstanding neck and upper extremity complaints. Appropriate electrodiagnostic testing may help to localize the source of the applicant's complaints, as suggested in the MTUS-adopted ACOEM Guidelines in chapter 11. Therefore, the request is certified as written.

EMG of the right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, the applicant's longstanding neck and arm complaints would benefit from electrodiagnostic testing to help clearly delineate the source of the applicant's complaints. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.