

Case Number:	CM13-0056171		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2011
Decision Date:	03/24/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 hip pain, knee pain, neck pain, back pain, and bilateral upper extremity pain reportedly associated with cumulative trauma at work, first claimed on September 12, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, electrodiagnostic testing of June 26, 2012, notable for mild bilateral carpal tunnel syndrome and left chronic S1 radiculopathy, and extensive periods of time off work, on total temporary disability. In a utilization review report of November 12, 2013, the claims administrator denied a request for electrodiagnostic testing of the upper extremities, citing non-MTUS ODG Guidelines. An earlier note of October 29, 2013 is somewhat sparse and notable for comments that the applicant has persistent hip and elbow pain. The subjective section of the report does not provide detailed subjective complaints. The applicant does exhibit multifocal tenderness about the elbow, neck, knees, low back, and bilateral hips. The applicant has positive Tinel's and Phalen's signs about the bilateral hands with reduced sensorium noted in the bilateral median nerve distribution. A right elbow support is endorsed. The applicant is asked to obtain repeat electrodiagnostic testing, consult a hip surgeon, and employ Norco for pain relief while remaining off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity Study of the upper extremities: Upheld

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 Page(s): 261.

Decision rationale: While the California MTUS Guideline in ACOEM Chapter 11, page 261 does state that "tests may be repeated later in the course of treatment if symptoms persist" in applicants in whom initial electrodiagnostic testing is negative, in this case, however, the applicant had prior positive electrodiagnostic testing in 2012 which did establish a diagnosis of bilateral carpal tunnel syndrome. It is not clear what purpose repeat testing would serve as the applicant already has had an established diagnosis of carpal tunnel syndrome both clinically and electrodiagnostically. As with the EMG testing, while the MTUS Guideline in ACOEM Chapter 11 does support repetition of electrodiagnostic testing in applicants in whom initial testing was negative, in this case, however, the applicant had previously positive electrodiagnostic testing in 2012 which definitively established the diagnosis of carpal tunnel syndrome. Thus, the applicant already has a clinically evident electrodiagnostic testing to confirm carpal tunnel syndrome. Repeat testing is, by definition, superfluous. Therefore, the request remains non-certified, on independent medical review.