MAXIMUS Federal Services

Case Number:	CM13-0065012		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2013
Decision Date:	08/28/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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 pain syndrome, temporomandibular joint disorder, neck pain, and low back pain reportedly associated with an industrial injury of November 27, 2012. In a Utilization Review Report dated November 27, 2012, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. Overall rationale was extremely sparse. The claim's administrator suggested that the applicant has not failed over one month of conservative treatment, despite that the fact that the applicant was six months removed from the date of the injury as of the date of the utilization review denial. In a separate utilization review of the same date, the claims administrator apparently denied a request for polysomnography. In a November 27, 2013 progress note, the applicant presented with nasal congestion, dizziness, chest pain, right upper extremity pain with numbness and decreased range of motion, jaw pain, headaches and vertigo. The applicant had tenderness about the TMJ region. Thea applicant apparently had some dysarthria evident. Decreased sensorium is noted the right arm. The applicant had had MRI imaging notable for bursitis. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities was sought. Physical therapy, ENT consultation, tramadol and Fioricet were also endorsed. The applicant was given work restrictions. It did not appear that the applicant was working as a cook with said limitations in place. On August 14, 2013, the applicant was described as having variety of complaints, including right upper extremity pain with associated paresthesia and hypo-sensorium appreciated on exam. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities was sought on this occasion. It also appears that the applicant had issue with shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV RIGHT UPPER EXTREMITY: Overturned

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

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, page 178, EMG and/or NCV testing can help identify subtle, focal neurological dysfunction in applicants with neck or arm symptoms on both, which lasts greater than three to four weeks. In this case, the applicant did have ongoing complaints of neck pain radiating to right arm. The applicant had associated dysesthesia about the right arm on exam. Nerve conduction testing to determine the source of the applicant's paresthesias was indicated. Therefore, the request is medically necessary.

EMG LEFT UPPER EXTREMITY: Upheld

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

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 testing in the evaluation of the applicants without symptoms is not recommended. In this case, all information points to the applicant's in fact being asymptomatic insofar as the right upper extremity is concerned. The applicant's symptoms of pain and parathesias are apparently confined to the right upper extremity. Testing of the asymptomatic left upper extremity is not, consequently, indicated. Therefore, the request is not medically necessary.

NCV LEFT UPPER EXTREMITY: Upheld

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

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 testing in the evaluation of the applicants without symptoms is not recommended. In this case, all information points to the applicant's in fact being asymptomatic insofar as the right upper extremity is concerned. The applicant's symptoms of pain and parathesias are apparently confined to the right upper extremity. Testing of the asymptomatic left upper extremity is not, consequently, indicated. Therefore, the request is not medically necessary.

EMG RIGHT UPPER EXTREMITY: Overturned

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

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, page 178, EMG or NVC testing can help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both, which last greater three or four weeks. In this case, the applicant does have ongoing issues with neck pain radiating to the right arm. The applicant has dysesthesias about the same appreciated on exam. Obtaining EMG testing to help establish a definitive diagnosis insofar the cervical spine and right upper extremity are concerned is indicated. Therefore, the request is medically necessary.