

Case Number:	CM13-0066848		
Date Assigned:	01/03/2014	Date of Injury:	04/22/2013
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck, elbow, and bilateral upper extremity pain reportedly associated with an industrial injury of April 22, 2013. Thus far, the patient has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and chiropractic manipulative therapy over the life of the claim; and unspecified amounts of acupuncture over the life of the claim. In a Utilization Review Report of December 4, 2013, the claims administrator denied a request for electro diagnostic testing of the bilateral upper extremities and a one-month H-Wave home care system trial. The claims administrator, in a rather proposed 9-page trial, denied the electrodiagnostic testing citing non-MTUS ODG Guidelines, although the MTUS does address the topic. Several mislabeled and miss numbered guidelines were cited, including the outdated 2007 section 9792.20e, which has been subsequently renumbered. The patient's attorney subsequently appealed. On December 6, 2013, the patient was described as reporting persistent neck pain radiating to the right shoulder and arm with associated numbness and tingling about the digits. The applicant is not working and has been laid off. The patient apparently did not schedule an MRI owing to the fact that the MRI scheduler asked the applicant to furnish a lot of personal information which the applicant was uncomfortable providing. Decreased sensation was noted about the Final Determination Letter for IMR Case Number CM13-0066848 3 radial forearm and thumb with a positive Phalen sign about the right wrist. An H-Wave trial and electrodiagnostic testing were sought, along with cervical MRI imaging. On November 1, 2013, the attending provider again noted that the patient reported persistent sharp and stabbing pain radiating from neck to the right arm, right palm, and top of the hand. The patient did have 5/5 right upper extremity strength and a positive Phalen sign at the wrist. It was stated that the

applicant had, had incomplete symptom relief with other treatments, including physical therapy, manipulation, and a TENS unit. In an earlier note of August 26, 2013, the patient was described as responding favorably to Naprosyn and Ultracet. The patient was returned to regular work (on paper) as of that point in time, although it was acknowledged that the patient had been laid off.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE TIME'S ONE MONTH TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation topic Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back and Pain Chapters

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave home care systems are, at best, tepidly endorsed on a one-month trial basis in those individuals who carry a diagnosis of chronic soft tissue inflammation or diabetic neuropathic pain that has proven recalcitrant to other appropriate treatments, including pain medications, physical therapy, and a conventional TENS unit. In this case, however, there is no evidence that the applicant has in fact tried and failed each of the aforementioned first, second, and third-line modalities. The applicant was described on August 26, 2013 as using analgesic medications, including Naprosyn and Ultracet, to reportedly good effect, effectively obviating the need for the TENS unit in question. There was no clear evidence, contrary to what was suggested by attending provider's most recent progress note, the applicant had in fact received a one-month trial of conventional TENS unit before authorization was sought for the H-wave device. Therefore, the request is not certified, on Independent Medical Review.

ELECTROMYOGRAM (EMG) OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8 do note that EMG testing to clarify diagnosis of nerve root dysfunction is "recommended" in cases of suspected disk herniation preoperatively or before an epidural steroid injection, in this case, however, all of the applicant's symptoms pertain to the right upper extremity. There is no mention on any recent progress note provided that the applicant ever had any active radicular signs or symptoms pertaining to the left upper extremity that was not impacted. Since the applicant is entirely asymptomatic insofar as the left upper extremity is concerned, the request

for electrodiagnostic testing of the bilateral upper extremities cannot be certified as a whole. Since partial certification is not permissible through the Independent Medical Review process, the request is wholly not certified, although, as previously noted, documentation would have supported EMG testing as a symptomatic right upper extremity.

NERVE CONDUCTION STUDIES OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 notes that appropriate electrodiagnostic studies may help to differentiate between suspected carpal tunnel syndrome and other conditions, such as cervical radiculopathy, in this case, however, all of the applicant's symptoms pertain to the symptomatic right upper extremity. The applicant has a positive Phalen sign at the right wrist. The applicant has radicular symptoms pertaining to the symptomatic right wrist/right upper extremity. Thus, the request for nerve conduction testing of the bilateral upper extremities cannot be certified as the applicant is entirely asymptomatic insofar as the left upper extremity is concerned. Since partial certifications are not permissible through the Independent Medical Review process, the request is wholly not certified, although, as noted previously, the documentation on file would have supported nerve conduction testing of the symptomatic right upper extremity to help distinguish between possible carpal tunnel syndrome and possible cervical radiculopathy insofar as the symptomatic right upper extremity is concerned.