

Case Number:	CM13-0066905		
Date Assigned:	01/03/2014	Date of Injury:	12/01/2011
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 chronic low back, right wrist and right elbow pain reportedly associated with an industrial injury of December 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior right carpal tunnel release surgery; earlier electrodiagnostic testing of November 28, 2012, notable for mild-to-moderate bilateral carpal tunnel syndrome; wrist MRI imaging of November 21, 2012, notable for mild synovitis at the radicular joints; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 26, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities and bilateral lower extremities, citing non-MTUS ODG Guidelines, although the MTUS does address the topic at hand. The applicant's attorney subsequently appealed. A September 3, 2013, progress note is notable for comments that the applicant reports ongoing neck pain, low back pain, wrist pain, and numbness about the right hand status post carpal tunnel release surgery on April 23, 2013. The applicant has had earlier electrodiagnostic testing of lower extremity, which was consistent with a chronic L5 nerve root irritation and radiculopathy. The applicant was apparently given two separate impairment ratings for the lumbar spine and right wrist. A handwritten May 9, 2013, progress note is notable for comments that the applicant should remain off of work, on total temporary disability, following right carpal tunnel release surgery on April 23, 2013. On June 4, 2013, the applicant was kept off of work for another month. On July 2, 2013, the applicant was described as having developed severe hand pain as a result of lifting pot at home. The applicant was again asked to remain off of work, on TTD. On July 30, 2013, the attending provider stated that he would declare the applicant permanent and stationary at the next visit. She was kept off of work on that date. It is incidentally noted that the claims administrator

was apparently provided with a request for authorization form of November 18, 2013, and a pain management consultation of October 31, 2013, neither of which appeared to have been incorporated into the Independent Medical Review (IMR) packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR AN EMG OF THE 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 (ODG).

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 does support repeat electrodiagnostic testing later in the course of treatment if symptoms persist in those applicants in whom earlier electrodiagnostic testing is negative, in this case, however, the applicant already had earlier electrodiagnostic testing, which was positive for a bilateral carpal tunnel syndrome. It is not clear why repeat testing is being sought at this point. It is not clearly stated that the applicant is considering or contemplating further carpal tunnel release surgery, for instance. No clear rationale for the test in question has been proffered. It is noted that at least one progress note and request for authorization from furnish to the utilization reviewer were not incorporated into the Independent Medical Review packet. The information on file suggests that the applicant was already declared permanent and stationary in mid to late 2013 and is not actively considering or contemplating further carpal tunnel release surgery. Repeat testing, based on the information presently on file, is not indicated. Therefore, the request is not certified, on Independent Medical Review.

THE REQUEST FOR A NCV OF THE 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 (ODG).

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

Decision rationale: While the MTUS-Adopted ACOEM Guidelines in Chapter 11, page 261, do support repeat electrodiagnostic testing later in course of treatment in those applicants with persistent symptoms with earlier electrodiagnostic testing, in this case, however, the applicant has already had positive electrodiagnostic testing of November 12, 2012, which apparently demonstrated bilateral carpal tunnel syndrome. The applicant apparently underwent a right carpal tunnel release surgery and was declared permanent and stationary in late 2013. It is not clear why repeat testing is being sought here. The applicant has an explanation for her left upper extremity symptoms in the form of electrodiagnostically confirmed left-sided carpal tunnel syndrome. It is not clearly stated in any of documents on file that the diagnosis is in question or that the

applicant is considering or contemplating further surgery pertaining to the right hand. As noted above, the request for authorization form and pain management consultation report provided to the claims administrator dated October 31, 2013 and November 18, 2013 were not incorporated into the Independent Medical Review (IMR) packet. The request cannot be supported based on the information presently on file. Therefore, the request remains not certified, on Independent Medical Review.