

Case Number:	CM13-0072637		
Date Assigned:	05/07/2014	Date of Injury:	09/25/2013
Decision Date:	08/27/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/31/2013

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 elbow pain, wrist pain, hand pain, knee pain, low back pain, and shoulder pain reportedly associated with an industrial injury of September 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; apparent grafting of an elbow, burn injury; transfer of care to and from various providers in various specialties; electrodiagnostic testing of December 13, 2013, apparently notable for mild-to-moderate median sensory neuropathy at the bilateral wrists; and several months off of work. In a utilization review report dated December 11, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities, despite citing an attending provider report of December 4, 2013, in which the applicant did complain of paresthesias and numbness about the left hand radiating up to the forearm. The applicant's attorney subsequently appealed. The electrodiagnostic testing in question was apparently performed on December 13, 2013 and did demonstrate evidence of mild-to-moderate carpal tunnel syndrome, left greater than right. The applicant did undergo graft placement on September 28, 2013. On November 20, 2013, the applicant consulted a hand surgeon. The applicant was off of work, it was acknowledged. The applicant complained that he had not received any indemnity benefits despite having failed to work since the date of the injury. The applicant had a history of right shoulder arthritis, it was acknowledged. The applicant had apparently been involved in a major motor vehicle accident, in which multiple body parts were injured. The applicant presented with primary complaint of neck pain radiating to the left upper extremity. The applicant also had some complaints of left elbow pain, left wrist pain, knee pain, pelvic pain, low back pain, and right shoulder pain, it was stated. Sensorium was intact. The applicant had normal upper extremity strength, it was stated. Dressing was in place about the operated upon elbow. An MRI imaging of the shoulder, x rays of the numerous body parts, and

chiropractic manipulative therapy were sought. The applicant was placed off of work, on total temporary disability. In a plastic surgery note of October 28, 2013, it was stated that the applicant had undergone grafting about the left forearm and that both the grafts and donor site wounds were healed. In a later note dated January 15, 2014, the applicant presented with complaints of severe pain in the left hand with associated severe numbness, tingling, and dysesthesias about the left arm. The attending provider made no mention of any radicular complaints pertaining to the seemingly asymptomatic right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 72, routine use of NCV or EMG testing and diagnostic evaluation of applicant's without symptoms is not recommended. In this case, the applicant was entirely asymptomatic insofar as the unexpected right upper extremity was concerned. The applicant's complaints of numbness, tingling, pain, and paresthesias were seemingly confined to the symptomatic left upper extremity. The EMG testing of the bilateral upper extremities, then, did include testing of the asymptomatic right upper extremity which, per ACOEM, is not recommended in asymptomatic applicants. No rationale for the EMG testing to include the asymptomatic right upper extremity was proffered by the attending provider. Therefore, the request was not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine use of NCV or EMG testing in the evaluation of or screening of the applicant's without symptoms is not recommended as with the EMG component of the request, the applicant was entirely asymptomatic insofar as the right upper extremity was concerned. There were no complaints of dysesthesias, paresthesias, numbness or tingling which were referable to the right upper extremity. No rationale for testing of the bilateral upper extremities to include the asymptomatic right upper extremity was proffered by the attending provider so as to offset the unfavorable ACOEM recommendation. Therefore, the request was not medically necessary.

