

Case Number:	CM14-0010665		
Date Assigned:	02/21/2014	Date of Injury:	07/06/2013
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 hand, wrist, and thumb pain reportedly associated with an industrial injury of July 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; MRI imaging of the left wrist of July 26, 2013, reportedly notable for degenerative joint disease with no evidence of a fracture, per the claims administrator; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 14, 2014, the claims administrator partially certified a request for nerve conduction testing of the bilateral upper extremities while denying EMG testing of the bilateral upper extremities. It is incidentally noted that the claims administrator did not incorporate either ACOEM Guidelines or non-MTUS ODG Guidelines cited into its rationale. The applicant's attorney subsequently appealed. A progress note of December 30, 2013 was notable for comments that the applicant reported persistent left hand pain and wrist pain with associated numbness, tingling, and paresthesias, waking her up at night. The applicant reportedly had positive Tinel and Phalen testing. The applicant was given diagnoses of left carpal tunnel syndrome with tendinitis and left de Quervain tenosynovitis. Electrodiagnostic testing was sought. It was stated that the applicant would likely require a left carpal tunnel release surgery and/or a left first dorsal compartment release surgery. An earlier note of November 25, 2013 was also notable for comments that the applicant was off of work, on total temporary disability. The applicant was described as having persistent numbness, tingling, and paresthesias about the left hand and digits. The applicant was given prescriptions for Norco and Naprosyn. The applicant was described as having weakness with grip strength score of 4/5 and atrophy about the forearm musculature. An earlier note of October 22, 2013 was again notable for comments that the applicant reported a chief complaint of left

hand and wrist pain with associated paresthesias. Operating diagnoses on that date again included left carpal tunnel syndrome and de Quervain tenosynovitis. The applicant was again placed off of 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 (EMG) RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (updated 5/8/13), Electrodiagnostic Studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, routine usage of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in applicants without symptoms is "not recommended." In this case, the applicant is in fact seemingly asymptomatic insofar as the right upper extremity is concerned. There is no mention on three recent progress notes, referenced above, in late 2014, of the applicant's having any active symptoms pertaining to the right upper extremity. Since ACOEM does not recommend routine EMG testing in asymptomatic applicants, the request for EMG testing of the asymptomatic right upper extremity is not medically necessary.

ELECTROMYOGRAPHY (EMG) LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (updated 5/8/13), Electrodiagnostic Studies (EDS).

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies are indicated to help identify diagnosis of carpal tunnel syndrome. In more difficult cases, EMG testing is specifically helpful, ACOEM goes on to note. In this case, the applicant's case does appear to be a more difficult case for which EMG testing would be indicated. The applicant has atrophy about the forearm musculature, implying a more difficult case or implying the presence of possible comorbid superimposed pathology. Given the fact that the applicant has muscle atrophy, has a more complicated case, and has an overlapping diagnosis of first dorsal compartment tenosynovitis, EMG testing of the left upper extremity is indicated, appropriate, and supported by ACOEM. Therefore, the request is medically necessary.

