

Case Number:	CM14-0010782		
Date Assigned:	02/21/2014	Date of Injury:	05/30/2013
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, elbow, and upper extremity pain with derivative anxiety reportedly associated with an industrial injury of May 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and a wrist brace. In a utilization review report dated January 21, 2014, the claims administrator partially certified a request for nerve conduction testing of the bilateral upper extremities while denying a request for EMG testing of the bilateral upper extremities. Non-MTUS ODG Guidelines and MTUS Guidelines were cited in the denial, although the claims administrator did not incorporate either guideline into his rationale. The applicant's attorney subsequently appealed. The electrodiagnostic testing in question was apparently performed on December 23, 2013 and was reportedly interpreted as normal, no evidence of an entrapment neuropathy or cervical radiculopathy. On November 18, 2013, it was reported that the applicant had presented complaining of elbow, wrist, and shoulder pain, right sided, reportedly associated with cumulative trauma at work. The applicant was off of work, on total temporary disability. The applicant had issues with numbness, tingling, and paresthesias about the hand and digits. The applicant was also having issues with stress and anxiety, it was stated. Positive Tinel and Phalen signs were noted about the wrist. The applicant also had some tenderness to touch about the lateral epicondyle. Electrodiagnostic testing, MRI imaging of the shoulder and wrist, acupuncture, and physical therapy were sought. The applicant was reportedly returned to work (on paper) on this occasion, although it was unclear whether the applicant in fact had a job to return to at [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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 and/or EMG testing and diagnostic evaluation of nerve entrapment of the applicants without symptoms is "not recommended." In this case, the injured worker's symptoms are confined to the symptomatic right upper extremity. There is no mention that the injured worker is having any symptoms of numbness, tingling, paresthesias, or pain insofar as the left upper extremity is/was concerned. Therefore, the request for EMG testing of the asymptomatic left upper extremity is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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 9, Table 9-6, page 213, EMG or NCV studies as part of the shoulder evaluation for usual diagnoses are "not recommended." Similarly, while the MTUS Guideline in ACOEM Chapter 11, page 261 indicates that EMG testing may be helpful in more difficult cases to help distinguish between carpal tunnel syndrome and cervical radiculopathy, in this case, however, the most recent progress note provided of November 18, 2013 made no mention of issues related to suspected cervical radiculopathy. The injured worker was described as having issues with numbness, tingling, and paresthesias. A suspected carpal tunnel syndrome appeared to be the sole item on the differential diagnosis. There is little or no documentation made of issues related to the cervical spine. There was no mention or suspicion of cervical radiculopathy as a possible operating concern. Therefore, the request was/is not medically necessary.