

Case Number:	CM14-0018925		
Date Assigned:	04/23/2014	Date of Injury:	07/13/2010
Decision Date:	07/03/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 carpal tunnel syndrome reportedly associated with an industrial injury of July 13, 2010. 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; unspecified amounts of acupuncture over the life of the claim; earlier right-sided carpal tunnel release surgery on February 20, 2011; and topical agents. The electrodiagnostic testing in question was apparently performed on March 12, 2014 and was notable for a moderate right carpal tunnel syndrome without convincing evidence of cervical radiculopathy. In a progress note dated February 25, 2014, the applicant was described as reporting no intervention following the earlier surgical intervention. The applicant reported persistent symptoms of numbness and tingling. The applicant apparently reported left upper extremity numbness, tingling, and pain, it was stated on this occasion. The applicant had no evidence of muscle atrophy, it was suggested. It was stated that the applicant's sensorium was intact while carpal compression tests were equivocal bilaterally. The applicant was asked to obtain repeat electrodiagnostic testing to further evaluate the bilateral neuritic complaints. In an earlier note dated January 22, 2014, the applicant was described as reporting persistent 6-9/10 pain. The applicant also had issues with depression, it was stated. 4+/5 right hand intrinsic muscle strength was noted with diminished sensorium noted about the right hand. Positive Tinel's signs were noted bilaterally, right greater than left, it was stated. The bulk of the reporting focused on the applicant's right upper extremity complaints, however. In an earlier note of October 11, 2013, the applicant was described as reporting persistent hand and shoulder pain, predominantly on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 testing can help to distinguish between carpal tunnel syndrome and other suspected diagnosis, such as cervical radiculopathy. In more difficult cases, EMG testing is endorsed by ACOEM. In this case, the applicant had had earlier carpal tunnel release surgery and had residual symptoms. There were associated complaints of left upper extremity pain and paresthesias, admittedly diminished in comparison to the right side. The applicant also has complaints of right shoulder pain, calling into question a possible cervical radiculopathy. Given the multiplicity of applicant's complaints, the fact that this was a more difficult case, and the fact that the applicant was in fact symptomatic with paresthesias about the bilateral upper extremities were concerned, the request for EMG testing of the bilateral upper extremities is medically necessary.