

Case Number:	CM14-0019047		
Date Assigned:	04/21/2014	Date of Injury:	12/04/2011
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
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 chronic neck, mid back, hand, and wrist pain reportedly associated with an industrial injury of December 4, 2011. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated January 30, 2014, the claims administrator denied a request for cervical MRI imaging along with request for electrodiagnostic testing of the bilateral upper extremities and lumbar MRI imaging. The claims administrator denied the electrodiagnostic testing on the grounds that there was no evidence that physical therapy was completed. The applicant's attorney subsequently appealed. An earlier note of November 20, 2013 is notable for comments that the applicant reported 8/10 neck pain and 10/10 wrist pain. The applicant had numbness, tingling, and paresthesias about the bilateral hands, right greater than left, superimposed on issues with anxiety, depression and insomnia. Positive Tinel and Durkan signs were noted bilaterally. Electrodiagnostic testing of the upper extremities was sought, along with magnetic resonance imaging (MRI) imaging of cervical and thoracic spines. The applicant was also described as having complaints of neck pain and spasm about the neck appreciated on exam. The applicant was again placed off of work. The applicant has a history of earlier carpal tunnel syndrome previously operated upon, it was stated, outside of the above captioned Workers' Compensation claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 11, page 261, and appropriate electrodiagnostic testing can help to distinguish between carpal tunnel syndrome and other possible diagnoses, such as suspected cervical radiculopathy. In this case, the applicant has wrist pain and neck pain, numbness, tingling, and paresthasias about the bilateral upper extremities. Appropriate electrodiagnostic testing can help to distinguish between some of the suspected diagnoses here, including likely carpal tunnel syndrome. Therefore, the request is medically necessary.

EMG LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies can help to distinguish between carpal tunnel syndrome and other suspected diagnoses such as cervical radiculopathy. In this case, the applicant has some question of both possible diagnoses present here. The applicant has upper extremity paresthasias, neck pain, wrist pain, etc. Electromyography testing can play a valuable role in distinguishing between many of the suspected diagnoses here. Therefore, the request is medically necessary.

NCV LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies can help to distinguish between carpal tunnel syndrome and other suspected diagnoses, such as

cervical radiculopathy. In this case, the applicant does have active symptoms of paresthesias about the bilateral upper extremities, which could result from either carpal tunnel syndrome or cervical radiculopathy. Appropriate electrodiagnostic testing, including the nerve conduction testing in question, is indicated. Therefore, the request is medically necessary.

EMG RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines, appropriate electrodiagnostic studies can help to distinguish between carpal tunnel syndrome and other suspected diagnoses, such as cervical radiculopathy. In this case, the applicant's presentation is consistent with likely diagnosis of carpal tunnel syndrome. However, there could be some element of superimposed cervical radiculopathy also evident here. The applicant has a history of chronic neck pain and has a history of earlier operated upon carpal tunnel syndrome. Appropriate electrodiagnostic testing is therefore indicated, particularly as the applicant remains significantly symptomatic insofar as the right upper extremity question is concerned. Therefore, the request is medically necessary.