

Case Number:	CM14-0126413		
Date Assigned:	09/23/2014	Date of Injury:	11/14/2003
Decision Date:	10/30/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/08/2014

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] insured who has filed a claim for synovitis and tenosynovitis reportedly associated with an industrial injury of November 24, 2003. In a Utilization Review Report dated August 1, 2014, the claims administrator denied a request for electrodiagnostic testing of the left upper extremity. The applicant's attorney subsequently appealed. In a Request for Authorization form dated July 24, 2014, the attending provider sought authorization for electrodiagnostic testing of the bilateral upper extremities. The stated diagnosis on the RFA form was mild bilateral carpal tunnel syndrome. In a progress note of the same date, July 24, 2014, the applicant reported persistent complaints of wrist pain. The applicant had had issues with multiple digits triggering. The applicant also reported issues with bilateral hand numbness. Acupuncture and physical therapy were unsuccessful. It was stated that the applicant had comorbidities including hypothyroidism and chronic low back pain status post prior lumbar spine surgery. Mild triggering was evident about the right hand with negative Tinel and Phalen signs appreciated. Electrodiagnostic testing of the bilateral upper extremities was sought. The applicant was returned to regular duty work. In an earlier note dated April 7, 2014, it was acknowledged that the applicant had symptoms of numbness, tingling, weakness about the hands and digits. The applicant was using Percocet and Neurontin; it was noted at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the of bilateral upper Extremities: Overturned

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): page 261,.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studied may help to differentiate between carpal tunnel syndrome and other possible considerations, such as cervical radiculopathy. In this case, the applicant has a variety of complaints, including hand and wrist triggering, hand and wrist pain, de Quervain's tenosynovitis, upper extremity paresthesias, etc. Electrodiagnostic testing, including the EMG at issue, would help to establish a suspected diagnosis of carpal tunnel syndrome. Therefore, the request is medically necessary.

NCV of bilateral upper Extremities: Overturned

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

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 may help to differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In this case, the applicant has a variety of upper extremity complaints, including numbness, tingling, and paresthesias of the digits, all of which are suggestive of a possible carpal tunnel syndrome. The nerve conduction testing at issue would help to establish the diagnosis in question. Therefore, the request is medically necessary.