

<b>Case Number:</b>	CM14-0174982		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 an [REDACTED] employee who has filed a claim for neck, wrist, hand, and shoulder pain reportedly associated with cumulative trauma at work first claimed on September 4, 2014. In a Utilization Review Report dated October 2, 2014, the claims administrator denied a request for EMG and NCS testing of the neck and left upper extremity. The claims administrator stated, in its rationale, that there was no adequate evidence of the failure of conservative therapy before electrodiagnostic testing was sought, noting that the request was initiated some nine days after treatment was initiated. The claims administrator did allude to a September 23, 2014 progress note in which it was stated that the applicant had only completed two of six sessions of manipulative therapy authorized to date and was also waiting for her employer to implement suggestions made after an ergonomic evaluation. The applicant's attorney subsequently appealed. However, the applicant did not seemingly incorporate any clinical progress notes into the IMR application. The September 9, 2014 and September 23, 2014 progress notes which the claims administrator based its denial upon were not incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of left neck and wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 & 269. Decision based on Non-MTUS Citation ODG-TWC, Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that electrical studies such as the EMG at issue "may be indicated" in applicants with suspected peripheral nerve impingement in whom no improvement or worsening has occurred within four to six weeks, in this case, however, no clinical progress notes were attached to the application for Independent Medical Review. There was no evidence, in short, that the applicant's neck and/or upper extremity symptoms were in fact worsening. Again, no clinical progress notes were attached to the application for Independent Medical Review. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

**Motor NCS of left neck and wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 & 269. Decision based on Non-MTUS Citation ODG-TWC, Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that electrical studies such as the motor NCS at issue "may be indicated" in applicants with peripheral nerve impingement in whom no improvement or worsening has occurred within four to six weeks, in this case, however, the request was seemingly initiated a mere two to three weeks after the date of injury. Various conservative treatments, including manipulative therapy and previously recommended ergonomic equipment, could very well lead to further improvement. Additionally, no clinical progress notes were attached to the application for Independent Medical Review so as to augment the IMR application and/or offset the unfavorable ACOEM position on early electrodiagnostic testing. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

**Sensory NCS of left neck and wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 & 269. Decision based on Non-MTUS Citation ODG-TWC, Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that electrical studies "may be indicated" in applicants with suspected peripheral nerve impingement in whom no improvement or worsening has occurred within four to six weeks, in this case, however, the request in question was seemingly initiated some two to three weeks removed from the date of injury. There was, in short, no evidence that conservative measures, including time, observation, ergonomic changes, etc. had been trialed and/or failed here. No clinical progress notes were attached to the application for Independent Medical Review so as to offset the seemingly unfavorable ACOEM position on premature electrical studies. Therefore, the request is not medically necessary.