

Case Number:	CM14-0181618		
Date Assigned:	11/06/2014	Date of Injury:	12/04/2013
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/03/2014

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:

This patient is a 43 year old female who developed neck, right shoulder and hand discomfort after a strain reported on 12/4/13. She has been diagnosed with a possible cervical radiculopathy, shoulder impingement and carpal tunnel syndrome. There is a report of the prior upper electrodiagnostic studies performed on 2/19/14. These are reported to have shown bilateral median nerve changes consistent with carpal tunnel syndrome. No radiculopathy findings are said to be present. The actual test results are not available to review. Repeat electrodiagnostic tests are requested without stated rationale for repeating them. No worsening neurologic changes are reported. A cervical MRI was recently requested and recommended for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurodiagnostic studies to the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, EMG testing

Decision rationale: MTUS Guidelines support electrodiagnostic testing when there are subtle neurologic changes documented and the findings would impact treatment decisions. This testing was previously performed and a carpal tunnel syndrome was confirmed. Since the prior testing no deterioration of her neurological status is documented and an updated cervical MRI is pending. The need for repeat testing is not adequately documented to be consistent with Guideline recommendations. No new neurological changes are documented that would change the already confirmed diagnosis. The need for repeat bilateral upper extremity electrodiagnostic is not medically necessary.