

Case Number:	CM14-0183794		
Date Assigned:	11/10/2014	Date of Injury:	11/08/2010
Decision Date:	12/18/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 shoulder, elbow, and upper extremity pain reportedly associated with an industrial injury of November 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; left and right carpal tunnel release surgery; earlier left shoulder surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for electrodiagnostic testing of the left upper extremity. The claims administrator's report was very difficult to follow, with some 67 pages long, and concluded by stating that all of the information was reviewed and that the request was not indicated. In a November 4, 2014 appeal letter, the applicant reported 7-8/10 left elbow pain radiating to the hands, fingers, and shoulder. The attending provider posited that both he and the applicant's hand surgeon wanted to establish the presence or absence of a residual cubital tunnel syndrome. A positive Tinel sign was noted at the elbow. The attending provider noted that earlier electrodiagnostic testing of July 2014 was negative following earlier carpal tunnel release surgery. Repeat electrodiagnostic testing of symptomatic left upper extremity was therefore endorsed. A June 17, 2014 progress note suggested that the applicant had returned to regular duty work as of 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/NCV of the Left Upper Extremity r/o cubital tunnel syndrome per [REDACTED]

Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42, 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 42, nerve conduction testing is "recommended" to confirm a diagnosis of ulnar nerve entrapment if conservative treatment fails. Similarly, the MTUS Guideline in ACOEM Chapter 11, page 261 notes that appropriate electrodiagnostic studies, including NCV or EMG testing in more difficult cases, may be helpful in differentiating between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. ACOEM Chapter 11, page 261 further stipulates that testing may be repeated later in the course of treatment if symptoms persist. Here, the applicant is markedly symptomatic with complaints of left upper extremity pain, paresthesias, numbness, tingling, etc., present. Various items are on the differential diagnoses list, including possible cubital tunnel syndrome, residual carpal tunnel syndrome following earlier carpal tunnel release surgery, etc. Earlier electrodiagnostic testing of July 2014 was negative. Repeat testing is indicated, given the applicant's persistent complaints. Therefore, the request is medically necessary.