

Case Number:	CM14-0020620		
Date Assigned:	04/30/2014	Date of Injury:	05/05/2008
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 has filed a claim for bilateral elbow pain reportedly associated with an industrial injury of May 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; electrodiagnostic testing of October 20, 2011, notable for bilateral carpal tunnel syndrome; electrodiagnostic testing of October 8, 2013, notable for questionable bilateral carpal tunnel syndrome versus new entrapment following earlier right and left carpal tunnel release surgery; and extensive periods of time off of work, on total temporary disability. In a utilization review report dated January 31, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities, and approved a request for elbow splinting. The claims administrator stated that the applicant's current treating provider was not apparently aware of the results of the earlier electrodiagnostic testing in October 2013. The claims administrator, it is incidentally noted, cited third edition ACOEM Guidelines in its denial of the electrodiagnostic testing, incorrectly labeling the same as originating from the MTUS. The applicant's attorney subsequently appealed. An October 12, 2013 progress note is notable for comments that the applicant reported persistent elbow pain and paresthesias about the fourth and fifth digits. The applicant had well-healed surgical scars about the bilateral wrists. A positive Tinel sign was noted about the bilateral elbows. Repeat electrodiagnostic testing of the bilateral upper extremities and nighttime splinting were sought. The applicant's current treating provider was not seemingly aware of the earlier October 8, 2013 electrodiagnostic studies, which revealed evidence of possible residual bilateral carpal tunnel syndrome following earlier carpal tunnel release surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF LEFT UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 4, Algorithm 3.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: The request for electromyogram (EMG) testing of the left upper extremities is not medically necessary, medically appropriate, or indicated here. As noted in the 2007 ACOEM Practice Guidelines, Elbow Complaints Chapter in page 33, electromyography, nerve conduction study, and possible EMG are recommended if severe nerve entrapment is suspected based on physical examination, atrophy is likely, and if there is failure to respond to conservative management. In this case, however, the claimant has apparently had earlier electrodiagnostic testing of October 8, 2013, i.e., five days before the attending provider's most recent request for the same. It is unclear how or why a repeat testing is needed, indicated, and/or which would alter the current treatment plan. Therefore, the request is not medically necessary.

EMG RIGHT UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 4, Algorithm 3.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: Similarly, the proposed EMG testing of the right upper extremity is likewise not medically necessary, medically appropriate, or indicated here. While the 2007 ACOEM Practice Guidelines, updated elbow complaints chapter, page 33 does support nerve conduction testing and possibly EMG if severe nerve entrapment is suspected, cervical radiculopathy is suspected as a cause of lateral arm pain, and/or there is a failure to respond to conservative treatment, in this case, the applicant has had earlier electrodiagnostic testing of October 8, 2013 which failed to reveal any evidence of cervical radiculopathy or cubital tunnel syndrome/ulnar neuropathy. It is unclear how said electrodiagnostic testing did reveal evidence of possible bilateral carpal tunnel syndrome following earlier carpal tunnel release surgeries. It is unclear how repeat electrodiagnostic testing would alter the treatment plan here and/or influence the clinical course, going forward. The attending provider, as noted previously, did not allude to the most recent set of electrodiagnostic testing in his most recent report. The earlier electrodiagnostic testing effectively obviates the need for the proposed repeat testing proposed here. Therefore, the request is not medically necessary.