

Case Number:	CM14-0032421		
Date Assigned:	06/20/2014	Date of Injury:	01/10/2013
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of January 10, 2013. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; eighteen sessions of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated February 26, 2014, the claims administrator denied a request for electromyography (EMG) testing of the left upper extremity. Overall rationale was extremely sparse. The claims administrator stated, in one section of the report, that the guidelines were not met and that the applicant may have had earlier EMG testing which was already positive for carpal tunnel syndrome. This was described as not having definitely been performed, however. In an August 20, 2013 hand surgery note, the applicant did present with persistent left wrist pain which had proven recalcitrant to conservative treatment in the form of bracing, NSAIDs, and physical therapy. The applicant exhibited tenderness about the thumb carpometacarpal (CMC) joint, it was suggested, with negative Tinel and Phalen signs at the wrist. Tenderness was noted about the ulnar aspect of the digit. 5/5 strength is noted. The applicant was given diagnosis of left wrist triangular fibrocartilage and/or ulnar impaction syndrome injury. The applicant was returned to regular work on that occasion. On January 6, 2014, the applicant was issued prescriptions for Ativan, Ambien, and Cialis. In a handwritten note dated February 17, 2014, the attending provider noted that the applicant had persistent complaints of wrist and hand pain, 7/10, with associated numbness, tingling, and weakness. It was stated that EMG testing of the left upper extremity was notable for carpal tunnel syndrome, while magnetic resonance imaging (MRI) imaging of the wrist demonstrated a ganglion cyst and probable tear of scapholunate ligament. The documentation was sparse, handwritten, and quite difficult to follow. It appeared that the attending provider sought authorization for an orthopedic hand surgery consultation and/or EMG testing of the left upper

extremity as well as MRI imaging of the wrist. It was then stated that the attending provider was seeking the actual text and body of the EMG and MRI reports in another section of the report, somewhat incongruously.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography), Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand:Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The request for electromyography (EMG) testing of the left upper extremity is not medically necessary, medically appropriate, or indicated here. The request in question seemingly represents a request for repeat EMG testing of the left upper extremity. While the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261 do support repeat electrodiagnostic testing in applicants in whom the first set of testing was negative and symptoms persist, in this case, however, the information on file suggested that the applicant has had earlier positive electrodiagnostic testing of the left upper extremity which did definitively establish a diagnosis of carpal tunnel syndrome. It is unclear why repeat testing is being sought in this context, as the first set of testing appears to have been positive. Therefore, the request is not medically necessary.