

Case Number:	CM14-0034906		
Date Assigned:	07/23/2014	Date of Injury:	07/22/2013
Decision Date:	09/08/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; reportedly negative CT scan of the head; and unspecified amounts of acupuncture. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities, citing non-MTUS Third Edition ACOEM Guidelines. The claims administrator did not, however, incorporate the text of said guidelines into its rationale or report. The claims administrator further stated that the applicant had had earlier electrodiagnostic testing but the results of the test have not been reported. The applicant's attorney subsequently appealed, on March 18, 2014. In a medical legal evaluation of December 17, 2013, the applicant presented with persistent complaints of neck pain, headaches, and paresthasias about the digits. The applicant apparently stated that he had returned to work. 5/5 bilateral upper extremity strength was appreciated with the positive Tinel's and Phalen's sign about the bilateral wrists. The medical-legal evaluation suggested that the applicant carried a likely diagnosis of bilateral carpal tunnel syndrome and further suggested that the applicant should undergo electrodiagnostic testing to help establish the presence or absence of carpal tunnel syndrome. In a progress note dated December 12, 2013, the applicant's primary treating provider a chiropractor, suggest that the applicant pursue acupuncture and return to regular duty work. Electrodiagnostic testing of the bilateral upper extremities of November 26, 2013, was interpreted as normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, electrodiagnostic studies can be repeated later in the course of treatment in applicants who have persistent symptoms in whom earlier electrodiagnostic testing was negative. In this case, the applicant did apparently have earlier negative electrodiagnostic testing. Significant symptoms of upper extremity paresthesias, however, persist. Carpal tunnel syndrome and a possible cervical radiculopathy are amongst the differential diagnoses. Obtaining electrodiagnostic testing to help differentiate the two considerations is indicated. Therefore, the request is medically necessary.