MAXIMUS Federal Services

Case Number:	CM14-0050005		
Date Assigned:	07/07/2014	Date of Injury:	06/28/2013
Decision Date:	11/07/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/17/2014

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 hand, wrist, and upper extremity pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of June 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of the physical therapy; unspecified amounts of acupuncture; and corticosteroid injection therapy. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The applicant's attorney subsequently appealed. In a February 8, 2014 orthopedic consultation, the applicant reported pain and weakness about the right elbow, right hand, and right wrist, reportedly attributed to cumulative trauma from work involving preparing and cooking pizzas at work on a day-to-day basis. The applicant was using Advil for pain relief. The applicant exhibited pain about the wrist with some numbness about the right hand about the carpal tunnel distribution with positive Phalen and Tinel signs were noted. Diminished grip strength was noted about the right hand. The applicant was given a wrist corticosteroid injection. The site of the injection was not clearly stated. Continued bracing of the hand and wrist was sought, while Naprosyn, Prilosec, Tramadol, and Topical Terocin were endorsed. In a March 11, 2014 progress note, the applicant again reported persistent complaints of right elbow, right forearm, and right wrist pain with associated paresthesias, sometimes waking the applicant at night. The applicant was wearing a right wrist brace. Electrodiagnostic testing of the bilateral upper extremities was sought, although it appeared that all of the applicant's symptoms were confined to the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography bilateral upper Extremities: Upheld

Claims Administrator 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7 page 272, the routine usage of NCV or EMG testing in the diagnostic evaluation of the applicants without symptoms is "not recommended." In this case, the applicant is, in fact, asymptomatic insofar as the left upper extremity is concerned. All of the applicant's complaints are confined to the left upper extremity, both the applicant's primary treating provider, chiropractor, and the applicant's secondary treating provider, an orthopedist, have acknowledged. Since the proposed nerve conduction testing of the bilateral upper extremities would, by definition, involve testing of the asymptomatic left upper extremity, the request cannot be endorsed as written as it runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.

Nerve Conduction Velocity bilateral upper extremities: Upheld

Claims Administrator 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, 272..

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