MAXIMUS Federal Services

Case Number:	CM14-0053064		
Date Assigned:	07/07/2014	Date of Injury:	08/20/2008
Decision Date:	08/22/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/22/2014

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 and bilateral upper extremity pain reportedly associated with an industrial injury of August 20, 2008.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 1, 2014, the claims administrator denied a request for electrodiagnostic testing of bilateral upper extremities on the grounds that the attending provider did not submit any progress note in conjunction with the request for authorization. The claims administrator invoked both MTUS and non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. Earlier electrodiagnostic testing of bilateral upper extremities of October 17, 2013 was interpreted as negative. In a hand surgery note of February 13, 2014, it was acknowledged that the applicant was off of work. The applicant was given diagnoses of right de Quervain's tenosynovitis, chronic right wrist pain, chronic right cubital tunnel syndrome, chronic right lateral epicondylitis, and right medial neuropathy. The applicant's hand surgeon acknowledged that the applicant was off of work and had failed other treatments with physical therapy, chiropractic manipulative therapy, and acupuncture. The applicant did have comorbid diabetes, depression, and anxiety, it was acknowledged. The applicant was currently receiving indemnity benefits, it was stipulated. The applicant had persistent complaints of numbness about the multiple digits of the right hand and digits. It was suggested that the applicant also had some subjective complaints of weakness about the right hand and digits. It appeared that the applicant was entirely asymptomatic insofar as the left upper extremity was concerned. Strength about the right upper extremity scored a 4+/5 with positive Tinel and Phalen signs about the right wrist. Negative Tinel sign was noted

about the left wrist. Electrodiagnostic testing and MRI imaging of the wrist were sought. The attending provider suggested that the applicant could have some possible brachial plexopathy and/or a more proximal source of symptoms in addition to a possible carpal tunnel syndrome. A double-crush phenomenon was reportedly suspected.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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 testing may be repeated later in the course of treatment if symptoms persist in applicants in whom earlier testing was negative. In this case, the applicant did, in fact, have negative electrodiagnostic testing of bilateral upper extremities in late 2013. Symptoms have, however, seemingly persisted. The applicant has continued complaints of pain and paresthesias about the right upper extremity. As further noted on page 261 of the ACOEM Practice Guidelines, EMG testing may be helpful in more difficult cases. In this case, the applicant does have a questionable possible neural compression both at the level of the carpal tunnel and/or possibly more proximally, including at the elbow level or beyond. This is, thus, a more difficult case. EMG testing will be invaluable here, for all of the stated reasons. Therefore, the request is medically necessary.

NCV LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 272, routine usage of NCV or EMG testing in the diagnostic evaluation of nerve root entrapment or screening in applicants without symptoms is "not recommended." In this case, the applicant is reportedly asymptomatic insofar as the left upper extremity is concerned. The applicant's symptoms are confined to the symptomatic right upper extremity. It is unclear why testing of the asymptomatic left upper extremity is being sought in the face of the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

NCV RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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 testing may be repeated later in the course of treatment if symptoms persist in applicants in whom earlier testing was negative. In this case, the applicant has, in fact, had earlier negative electrodiagnostic testing of the affected right upper extremity. Symptoms persist. The attending provider has postulated possible carpal tunnel syndrome, cubital tunnel syndrome, and/or more proximal issues as possibilities here. Electrodiagnostic testing, including the NCV at issue here, is indicated to help establish a definitive diagnosis. Therefore, the request is medically necessary.

EMG LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine usage of NCV or EMG in the diagnostic evaluation of applicants without symptoms is "not recommended." In this case, the applicant is entirely asymptomatic insofar as the left upper extremity is concerned. There is no evidence that the applicant has any active symptoms associated with the left upper extremity. The attending provider who initiated the request, namely the applicant's hand surgeon, suggested that the applicant's symptoms were confined to the symptomatic right upper extremity. There was no mention of any issues associated with left upper extremity for which EMG testing would be indicated. Therefore, the request is not medically necessary.