

Case Number:	CM14-0053596		
Date Assigned:	07/07/2014	Date of Injury:	04/01/2011
Decision Date:	09/11/2014	UR Denial Date:	04/15/2014
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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 1, 2011. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and earlier shoulder arthroscopy. In a Utilization Review Report dated April 15, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. Despite the fact that the applicant was several years removed from the date of injury, the claims administrator nevertheless stated that there was no evidence that conservative care had been tried and/or failed. The applicant's attorney subsequently appealed. In a June 26, 2014 progress note, the applicant reported persistent complaints of neck and bilateral upper extremity pain. The applicant was working full time. The applicant had cervical MRI imaging of March 2012 notable for bulging disk of uncertain significance. The applicant was status post bilateral carpal tunnel release surgery in January 2010 and right ulnar nerve release surgery in 2012 through a parallel Workers' Compensation claim, it was acknowledged. Regular duty work was endorsed. It was stated that the applicant did not want another carpal tunnel surgery on her hands at this point in time. On August 8, 2014, the applicant reported persistent complaints of pain and paresthesias about the hands. Positive Phalen's and carpal compression test were noted. The applicant was reportedly ambivalent about whether or not to pursue repeat carpal tunnel release surgery it was stated in one section of the report. In another section of the note, it was stated that the applicant had called in and apparently elected to pursue a repeat carpal tunnel release surgery. The electrodiagnostic testing in question was apparently performed without authorization on June 28, 2014 and notable for moderate bilateral carpal tunnel syndrome affecting both sensory and motor components.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 271.

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, pg. 261, electrodiagnostic testing may be repeated later in the course of treatment if symptoms persist. In this case, the attending provider did establish that the applicant had developed recurrent bilateral carpal tunnel syndrome following earlier failed carpal tunnel release surgery. The applicant apparently elected to ultimately pursue a repeat carpal tunnel release surgery, it is further noted, in part, on the strength of the positive electrodiagnostic testing in question. Therefore, the request was medically necessary.

NCV of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 271.

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, pg. 261, electrodiagnostic testing may be repeated later in the course of the treatment if symptoms persist. In this case, the applicant had, in fact, developed recurrent carpal tunnel syndrome following earlier failed carpal tunnel release surgery. Repeat electrodiagnostic testing, including the nerve conduction testing at issue, was indicated as it ultimately facilitated the applicant's decision to pursue a repeat surgical remedy. Therefore, the request was medically necessary.

EMG of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 271.

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, pg. 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. EMG testing is recommended in

more difficult cases, ACOEM notes. In this case, the applicant had complaints of neck pain, bilateral upper extremity paresthesias, and elbow pain following earlier failed carpal tunnel release surgery. EMG testing to help distinguish between suspected carpal syndrome and other possibilities, such as cervical radiculopathy, was indicated. The electrodiagnostic testing in question was positive, did establish a diagnosis of recurrent carpal tunnel syndrome, and did lead to the applicant's electing to pursue a repeat carpal tunnel release surgery. Therefore, the request was medically necessary.

EMG of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 271.

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, pg. 261, appropriate electrodiagnostic studies may help to distinguish between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. In this case, the applicant had recurrent symptoms of upper extremity paresthesias following earlier failed carpal tunnel release surgery. Repeat electrodiagnostic testing to help establish the diagnosis of recurrent carpal tunnel syndrome was indicated. Therefore, the request was medically necessary.