

Case Number:	CM14-0054889		
Date Assigned:	07/07/2014	Date of Injury:	10/03/2009
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/24/2014

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 wrist pain reportedly associated with an industrial injury of October 3, 2009. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, right and left carpal tunnel release surgeries in 2011 and 2012, unspecified amounts of acupuncture over the course of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 2, 2014, the claims administrator denied a request for EMG testing of the bilateral upper extremities, stating there was no evidence of any acute deterioration in symptomatology so as to support the same. The overall rationale was sparse. The claims administrator did not incorporate or cite any MTUS Guidelines in its rationale. The applicant's attorney subsequently appealed. In a handwritten note of March 2014, difficult to follow, employed preprinted checkboxes, the applicant was described as having persistent complaints of wrist and hand pain. It was stated that the applicant's hand sensorium was intact. The applicant's work status was not clearly stated. On February 27, 2014, the applicant was described as having continued bilateral wrist pain. Naprosyn and Neurontin were endorsed. The applicant's work status was not furnished. It appears that the EMG testing in question was endorsed on a request for authorization form dated March 5, 2014, at which point a pain management consultation and orthopedic consultation were concurrently requested. No narrative rationale or commentary was attached to the request for authorization. The applicant did state on a questionnaire that she was not having any new numbness or tingling, moreover.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While the MTUS-Adopted ACOEM Guidelines in Chapter 11, page 261 do support repetition of electrodiagnostic testing in applicants in whom earlier testing was negative later in the course of treatment if symptoms persist. In this case, however, the applicant does not appear to be having any recurrent or active symptoms of tingling, paresthesias, dysesthesia, etc. about the digits which would call into question possible repeat or recurrent carpal tunnel syndrome. As noted previously, the attending provider did not attach any narrative commentary or rationale to the request for authorization for testing. It is not stated why EMG testing was being sought, particularly, given comments made by the applicant to the fact that she was not experiencing any symptoms of numbness or tingling. Therefore, the request is not medically necessary.