

Case Number:	CM14-0060150		
Date Assigned:	08/15/2014	Date of Injury:	01/27/2009
Decision Date:	12/12/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	04/30/2014

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, back pain, shoulder pain, hand pain, headaches, and insomnia reportedly associated with an industrial injury of January 27, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; apparent imposition of permanent work restrictions; and early shoulder surgery on June 8, 2010. In a Utilization Review Report dated April 10, 2014, the claims administrator denied a request for Electrodiagnostic testing of the bilateral upper extremities. The applicant's attorney subsequently appealed. In a doctor's first report (DFR) dated April 8, 2014, the applicant apparently transferred care to a new primary treating provider, reporting multifocal complaints, including depression, anxiety, headaches, neck pain, back pain, insomnia, and upper extremity pain. 4/5 right upper extremity strength was appreciated with decreased sensorium noted about the right upper extremity in the median nerve distribution. The note was quite condensed and difficult to follow. Electrodiagnostic testing of bilateral upper extremities, extracorporeal shockwave therapy of the shoulder, a functional capacity evaluation, interferential unit, a hot and cold unit, and 12 sessions of physical therapy were sought. The note was quite condensed, was somewhat difficult to follow, and did not furnish a log of what treatment or treatments had transpired to date. One of the many diagnoses that the applicant was given included right-sided carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) for the bilateral upper extremities for cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 269, Chronic Pain Treatment Guidelines Page(s): 98-99, 118-119.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine of the NCV or EMG testing and evaluation of the applicants without symptoms is "not recommended." Here, EMG testing of the bilateral upper extremities would, by implication, include testing of the reportedly asymptomatic left upper extremity. The request, thus, as written, runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.

NCV (Nerve conduction velocity) for the bilateral upper extremities for cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 269, Chronic Pain Treatment Guidelines Page(s): 98-99, 118-119.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 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 and diagnostic evaluation of the applicants without symptoms is not recommended. In this case, the attending provider's doctor's first report of April 8, 2014, suggested that the applicant symptoms were confined to the right upper extremity. The applicant was seemingly asymptomatic insofar as the left upper extremity was concerned. The request for nerve conduction testing of the bilateral upper extremities, however, would, by implication, include testing of the seemingly asymptomatic left upper extremity. The request, thus, as written, runs counters to ACOEM principles and parameters. Therefore, the request is not medically necessary.