

Case Number:	CM14-0066056		
Date Assigned:	07/11/2014	Date of Injury:	11/19/2011
Decision Date:	09/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/09/2014

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, shoulder, and bilateral arm pain reportedly associated with an industrial injury of November 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions through medical-legal evaluation of January 12, 2014. In a utilization review report dated April 29, 2014, the claims administrator denied a request for muscles test of two limbs. The claims administrator, in its rationale, interpreted the request as a request for electrodiagnostic testing of the bilateral upper extremities. Both MTUS and non-MTUS Guidelines were cited. The applicant's attorney subsequently appealed. In an April 11, 2014 progress note, the applicant reported persistent complaints of neck, left arm, and left shoulder pain, ranging from 7 to 8/10. The applicant had paresthesias about the left forearm and left hand, it was stated. The applicant was currently unemployed, it was noted. 4/5 left deltoid strength was noted with remainder of the muscle groups of the bilateral upper extremity scored at 5/5. Naprosyn, cervical MRI imaging, gabapentin, and electrodiagnostic testing of the bilateral upper extremities were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle test 2 limbs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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, routine use of NCV or EMG testing in the diagnostic evaluation of the applicant's without symptoms is "not recommended." In this case, the applicant's complaints of radiating neck pain and dysesthesias/paresthesias are confined to the left forearm, left hand, and left arm. There was no mention of the applicant's reporting neurologic symptoms such as paresthesias or dysesthesias associated of the asymptomatic right upper extremity. The applicant's left upper extremity weakness was confined to the left biceps muscle. There was no mention of the applicant's having any weakness of right upper extremity musculature. Since muscle testing of two limbs/electrodiagnostic testing of the bilateral upper extremities would, by definition, involve testing of the asymptomatic right upper extremity, the request is not indicated owing to the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.