Case Number:	CM14-0071192		
Date Assigned:	07/14/2014	**Date of Injury:**	04/23/2013
Decision Date:	09/12/2014	**UR Denial Date:**	04/15/2014
Priority:	Standard	**Application Received:**	05/16/2014

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 reportedly associated with an industrial injury of April 23, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier electrodiagnostic testing of September 4, 2013, apparently notable for a right ulnar neuropathy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 13, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities, invoking Chapter 11 ACOEM Guidelines in conjunction with non-MTUS ODG Guidelines. The claims administrator stated that the attending provider did not state whether or not the applicant had worsened or improved since the earlier electrodiagnostic testing. In a February 6, 2014 progress note, the applicant was described as having a diagnosis of ulnar neuropathy. The attending provider felt that the applicant's clinical presentation was consistent with the electrodiagnostic testing notable for right ulnar neuropathy. The applicant's symptoms were confined to the right arm, stated on this occasion. Conservative treatment, including physical therapy, was endorsed. The applicant was placed off of work, on total temporary disability. On April 8, 2014, electrodiagnostic testing of the bilateral upper extremities was sought via a request for authorization form. It was stated that the operating diagnosis was that of ulnar neuropathy. In a progress note dated April 3, 2014, the attending provider stated that he wanted to repeat the electrodiagnostic testing to determine whether the applicant was unchanged, improved, and/or worsened electrodiagnostically. The applicant had diminished sensorium about the right ulnar nerve distribution. The earlier physical therapy had not helped, the attending provider stated. The applicant was apparently placed off of work, on total temporary disability, through June 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG), bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Detection of Neurologic Abnormalities.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272,33.

Decision rationale: While the MTUS guidelines in ACOEM Chapter 10, page 33 does support nerve conduction testing and possible EMG testing if severe nerve entrapment are suspected and there is a failure to respond to conservative treatment, in this case, however, the applicant has already had electrodiagnostic testing which definitively established a diagnosis of right ulnar neuropathy. It is unclear why a repeat electrodiagnostic testing is being sought as the applicant's diagnosis is already clinically evident and electrodiagnostically confirmed. It is further noted that the applicant is entirely asymptomatic insofar as the left upper extremity is concerned. As further noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine usage of electrodiagnostic testing in the evaluation of applicants without symptoms is "not recommended." EMG testing of the bilateral upper extremities would, by definition, involve testing of the asymptomatic left upper extremity. For all the stated reasons, then, the request is not medically necessary.

Nerve Conduction Study (NCS), bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Detection of Neurologic Abnormalities.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33,Table 11-7, page 272.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 10, page 33 does support nerve conduction testing if severe nerve entrapment is suspected and there is a failure to respond to conservative treatment, in this case, however, the applicant has already had prior positive electrodiagnostic testing which did definitively establish a diagnosis of right-sided ulnar neuropathy. Repeat electrodiagnostic testing, by definition, is therefore superfluous. It is further noted that the applicant is entirely asymptomatic insofar as the left upper extremity is concerned. The applicant's symptoms are, per the treating provider, apparently confined to the symptomatic right upper extremity. It is unclear why repeat testing involving the bilateral upper extremities is sought as the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that routine usage of MCV testing in the evaluation of applicants without symptoms is "not recommended."

Repeat nerve conduction testing of bilateral upper extremities would, by definition, involve testing of the asymptomatic left upper extremity. For all of the stated reasons, then, the request is not medically necessary.