

Case Number:	CM14-0080249		
Date Assigned:	07/18/2014	Date of Injury:	05/04/2009
Decision Date:	09/12/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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, shoulder, and wrist pain reportedly associated with an industrial injury of May 4, 2009. 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; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities despite documenting diminished sensorium, temperature, and strength about the right hand. The applicant's attorney subsequently appealed. In a May 28, 2014 progress note, the applicant reported persistent complaints of neck, right shoulder, left wrist, and right wrist pain, unchanged, ranging from 5 to 8/10. The applicant had returned to work, it was stated in one section of the report, while another section of the report stated that the applicant's employer was unable to accommodate restrictions and that she was not, consequently, working. The applicant had received a 40% whole-person impairment rating through the medical-legal system, it was suggested. The applicant's medication list included Orudis, Prilosec, Percocet, Celexa, Halcion, Neurontin, Xanax, and hydrochlorothiazide. The applicant was obese with a BMI of 34, it was acknowledged. Spurling maneuver was negative, it was stated. Cervical spinous process tenderness was noted. Positive Tinel and Phalen signs were noted of the right wrist with negative Tinel and Phalen signs at the left wrist. Right shoulder strength is scored at 4/5 versus 5/5 strength throughout the remainder of the upper and lower extremities. The applicant was given Prilosec. A rather proscriptive 5-pound lifting limitation was endorsed. On January 28, 2014, it was stated that the applicant carried various diagnoses, including adjustment disorder, chronic pain syndrome, carpal tunnel syndrome, right-sided, shoulder pain, shoulder bursitis, and shoulder impingement syndrome. A

rather proscriptive 5-pound lifting limitation was endorsed, along with a prescription for Percocet. On January 7, 2014, the attending provider stated that the applicant had electrodiagnostic testing of the upper extremities as well as a functional capacity evaluation. The attending provider did not report the results of the earlier electrodiagnostic testing. The attending provider stated that the applicant's complaints were focused about the neck, right shoulder, and right wrist. The note was very difficult to follow. One of the stated diagnoses was right-sided carpal tunnel syndrome. The applicant had positive Tinel and Phalen signs about the right wrist with negative testing about the left wrist. In a November 15, 2013 progress note, the attending provider apparently performed a right wrist corticosteroid injection for suspected carpal tunnel syndrome and recommended electrodiagnostic testing of the bilateral upper extremities. It was stated that the applicant had a pending FCE at that point. Once again, the attending provider reported, somewhat incongruously, that the applicant had returned to work in one section of the report while another section of the report stated that the applicant's employer was unable to accommodate her limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies of the bilateral upper extremities and the associated spinal segments: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 11-7, 272.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 251 does support repetition of electrodiagnostic testing in applicants who have persistent symptoms in whom initial testing was negative, in this case, however, the attending provider stated that the applicant had had earlier electrodiagnostic testing of the upper extremities on March 19, 2014, the results of which were not clearly reported. It was not clearly stated whether or not the earlier electrodiagnostic testing was not positive, although it is incidentally noted that the attending provider did list right-sided carpal tunnel syndrome as one of the applicant's operating diagnoses. If, the diagnosis of carpal tunnel syndrome is already clinically evident and electrodiagnostically confirmed, this would effectively obviate the need for the proposed electrodiagnostic testing. It is further noted that the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does "not recommend" electrodiagnostic testing of applicants without symptoms. In this case, the information on file suggested that the applicant is largely asymptomatic insofar as the left upper extremity is concerned. The bulk of the applicant's symptoms are confined to the right shoulder, right wrist, neck, etc. There was no clearly stated suspicion of carpal tunnel syndrome about the seemingly asymptomatic left wrist and/or left digits. For all the stated reasons, then, the request for electrodiagnostic testing of the bilateral upper extremities is not medically necessary.