

Case Number:	CM13-0001397		
Date Assigned:	11/08/2013	Date of Injury:	09/12/2003
Decision Date:	05/01/2015	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62-year-old who has filed a claim for neck and right upper extremity pain reportedly associated with an industrial injury of September 12, 2003. In a Utilization Review report dated July 10, 2013, the claims administrator partially approved a request for electrodiagnostic testing of bilateral upper extremities as electrodiagnostic testing of the right upper extremity alone. A July 3, 2014 RFA form and associated June 27, 2013 progress note were referenced in the determination. The applicant's attorney subsequently appealed. On June 27, 2013, the applicant reported ongoing complaints of right upper extremity paresthesias, numbness, and tingling. Swelling and pain about the thumb were also noted. All of the applicant's symptoms were seemingly right sided. The attending provider stated the applicant had a right C6 radiculopathy versus right-sided carpal tunnel syndrome present here. Electrodiagnostic testing was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Upper Extremity EMG/Nerve Conduction Study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/Carpal_tunnel.htm#electrodiagnosticstudies.

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

Decision rationale: No, the request for electrodiagnostic testing of bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of electrodiagnostic testing in the evaluation of the applicant's without symptoms is deemed not recommended. Here, the attending provider's June 27, 2013 progress note indicated that the applicant's upper extremity paresthesias were confined to the symptomatic right upper extremity. Electrodiagnostic testing of the bilateral upper extremities would, by definition, thus involve testing of the asymptomatic left upper extremity. Testing of the asymptomatic left upper extremity, thus, it was odds with ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request was not medically necessary.