

Case Number:	CM14-0184360		
Date Assigned:	11/12/2014	Date of Injury:	07/17/2014
Decision Date:	01/02/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 hand and wrist pain reportedly associated with an industrial injury of July 17, 2014. In a Utilization Review Report dated October 30, 2014, the claims administrator denied a request for repeat electrodiagnostic testing of the bilateral upper extremities apparently ordered on October 20, 2014. In its UR report, the claims administrator referenced an earlier normal electrodiagnostic testing of August 29, 2014 and a progress note of September 30, 2014 in which it was suggested that the applicant had lost grip strength about both hands and had persistent complaints of paresthasias about both hands, with a grip strength score of 10 pounds about the right hand versus 20 pounds about the left hand. Positive Tinel and Phalen signs and hypo-sensorium were noted about the bilateral hands. Despite reporting signs and symptoms suggestive of residual carpal tunnel syndrome, the claims administrator nevertheless denied the request. The applicant's attorney subsequently appealed. In a November 5, 2014 progress note, the applicant presented reporting 5/10 upper extremity pain and paresthasias. The applicant attributed his symptoms to cumulative trauma at work as opposed to a specific, discrete injury. The applicant had issues with chronic low back pain, treated through his personal physician. The attending provider alluded to earlier normal electrodiagnostic testing of August 29, 2014. Positive Tinel and Phalen signs were noted about the left and right wrists. Naprosyn, Soma, Prilosec, and repeat electrodiagnostic testing were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG studies, bilateral upper extremities, per 10/20/14 Rx QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, EMG

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier testing was negative in individuals in whom symptoms persist. Here, however, the applicant does have residual complaints of upper extremity paresthesias and is apparently dropping objects. The applicant's clinical presentation, thus, is suggestive of carpal tunnel syndrome. Performing repeat electrodiagnostic testing, including the EMG testing at issue here, is indicated to establish the presence of carpal tunnel syndrome and/or a superimposed process, such as cubital tunnel syndrome. Therefore, the request is medically necessary.

Repeat NCV study, bilateral upper extremities, per 10/20/14 Rx QTY: 2.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, NCS

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, electrodiagnostic testing, including the NCV testing at issue, may be repeated later in the course of treatment in applicants in whom earlier testing was negative and in whom symptoms persist. Here, the applicant has persistent symptoms of upper extremity paresthesias, including numbness, tingling, dropping objects, etc. Obtaining repeat NCV testing to help establish the presence or absence of carpal tunnel syndrome is indicated here. Therefore, the request is medically necessary.