

Case Number:	CM14-0191621		
Date Assigned:	11/25/2014	Date of Injury:	09/06/2012
Decision Date:	01/27/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 de Quervain tenosynovitis reportedly associated with an industrial injury of September 6, 2012. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for an EMG of the right upper extremity. The claims administrator did, conversely, approved a corticosteroid injection for the left wrist. The claims administrator invoked non-MTUS ODG guidelines along with MTUS-adopted ACOEM Guidelines in its partial denial. A progress note dated October 22, 2014 was also referenced. The claims administrator alleged that there was no mention of the applicant's having neurologic deficits referable to the right upper extremity. The applicant's attorney subsequently appealed. In a September 13, 2014 progress note, the applicant reported ongoing complaints of left hand and wrist pain, exacerbated by flexing, bending, and twisting of the wrist, 4/10. The applicant was using tramadol and topical ketoprofen. The applicant was working part time with restrictions, it was acknowledged. The applicant was dependent on his dominant right hand, it was stated. Acupuncture and a 5-pound lifting limitation were endorsed. The applicant was given a diagnosis of left wrist strain, left ganglion cyst, and left carpal tunnel syndrome. There was no mention made of any right-sided symptoms on this date. The remainder of the file was surveyed. The October 22, 2014 progress note and associated RFA form made available to the claims administrator were not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the right upper extremity: Upheld

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

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing for the diagnostic evaluation of applicants without symptoms is deemed "not recommended." Here, the applicant was described on a September 3, 2014 progress note, referenced above, as entirely asymptomatic insofar as the right upper extremity was concerned. All of the applicant's symptoms were seemingly confined to the left upper extremity on that date. It is not clear why EMG testing of the seemingly asymptomatic right upper extremity is being sought, although it is acknowledged that the October 22, 2014 progress note and RFA form on which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.