

<b>Case Number:</b>	CM14-0057119		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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. 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain, left hand pain, ankle pain, and upper extremity paresthesias, reportedly associated with cumulative trauma at work first claimed on June 10, 2013. In a Utilization Review Report dated April 1, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the left upper extremity. Progress notes dated March 21, 2014 and February 21, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated February 5, 2015, the medical-legal evaluator noted that the applicant had undergone electrodiagnostic testing on July 23, 2014, which did demonstrate bilateral carpal tunnel syndrome, reportedly attributed to the industrial injury. The applicant did have ancillary complaints, including neck pain and low back pain, it is further noted. The claims administrator's medical evidence log suggested that the medical-legal evaluation represented the sole note on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of the Left Upper Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic testing, including nerve conduction testing, can help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. Here, the applicant did apparently have issues with neck pain and bilateral upper extremity paresthesias, a medical-legal evaluator reported on February 5, 2015. Obtaining electrodiagnostic testing, including the nerve conduction testing at issue was indicated to differentiate between carpal tunnel syndrome and/or superimposed cervical radiculopathy. The testing in question was apparently performed despite the adverse Utilization Review determination, and was apparently positive for bilateral carpal tunnel syndrome. Therefore, the request was medically necessary.

**EMG of the Left Upper Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may be helpful in differentiating between carpal tunnel syndrome and other suspected considerations, such as cervical radiculopathy. Here, the applicant did have upper extremity paresthesias and issues with neck pain. The attending provider did seemingly suggest that both a carpal tunnel syndrome and/or superimposed cervical radiculopathy were diagnostic considerations. The testing in question was positive, the applicant's medical-legal evaluator reported on February 5, 2015. Therefore, the request was medically necessary.