

Case Number:	CM15-0138814		
Date Assigned:	09/11/2015	Date of Injury:	04/26/2012
Decision Date:	10/15/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/17/2015

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 shoulder, hand, and wrist pain reportedly associated with an industrial injury of April 26, 2012. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve request for EMG testing of the right upper extremity. The claims administrator referenced a May 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said May 6, 2015 office visit, the applicant reported ongoing complaints of bilateral knee, bilateral shoulder, and bilateral wrist pain. The applicant was not working, it was acknowledged. 8-9/10 multifocal pain complaints were noted. The applicant was using crutches to move about, it was reported. Positive Tinel and Phalen signs were noted about the right wrist with hyposensorium in the median nerve distribution. Severe tenderness about the A1 pulley was reported. Electrodiagnostic testing of the bilateral upper extremities was sought. The attending provider stated that he was searching for a possible carpal tunnel syndrome. Multiple medications were renewed. The applicant was using a cane to move about. The attending provider stated that the electrodiagnostic testing in question was being employed for the purposes of determining the presence or absence of carpal tunnel syndrome. The attending provider made no mention of the applicant's having any active neck pain complaints in the Subjective Complaints section of the note. It appeared that the applicant's active pain generators were the bilateral shoulders, bilateral wrists, and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request for EMG testing of the right upper extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. The MTUS Guideline in ACOEM Chapter 11, page 261 notes that appropriate electrodiagnostic studies for carpal tunnel syndrome generally include nerve conduction studies or, in more difficult cases, EMG testing may be helpful. Here, however, the attending provider did not establish the presence of more difficult circumstances or more difficult factors which would have compelled the EMG component of the request. There was no mention of the applicant's having any active cervical complaints other than May 6, 2015 office visit at issue. There was no mention of the claimant's carrying a superimposed diagnosis such as suspected cervical radiculopathy on that date. Carpal tunnel syndrome appeared to represent the sole item on the differential diagnosis list. Therefore, the request is not medically necessary.