

Case Number:	CM15-0140383		
Date Assigned:	07/30/2015	Date of Injury:	02/05/2001
Decision Date:	09/03/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/20/2015

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 66-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 5, 2001. In a Utilization Review report dated July 11, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced an RFA form received on July 1, 2015 in its determination. The claims administrator referenced earlier electrodiagnostic testing of the upper extremities of December 9, 2013 notable for moderate right and mild-to-moderate left-sided carpal tunnel syndrome. The applicant's attorney subsequently appealed. On June 9, 2015, the applicant reported ongoing complaints of neck, bilateral shoulder, bilateral arm, and bilateral hand pain x14 years. The applicant stated that she was avoiding socializing with friends, exercising, and/or caring for self secondary to her pain complaints. The applicant had undergone a carpal tunnel release surgery July 1990 and other carpal tunnel release surgeries in 2007 and 2008, it was reported. It was acknowledged that the applicant was not working, had not worked since February 2001, and was placed on disability by a medical-legal evaluator. The applicant was on Advil, Lyrica, Vicodin, and Xanax, it was reported. The attending provider's note was very difficult to follow and mingled historical issues with current issues. The attending provider acknowledged in various sections of the note that the applicant had had earlier electrodiagnostic testing involving the affected upper extremities. The attending provider stated that he was intent on ordering electrodiagnostic testing of the bilateral upper extremities to evaluate for peripheral nerve entrapment. MRI imaging of the shoulders was also sought. The applicant was asked to taper off of Xanax while starting Cymbalta and continuing Lyrica. The

applicant was described as having significant issues with anxiety. Historical electrodiagnostic testing of December 9, 2013 was notable for moderate right and slight-to-moderate left-sided carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, Carpal Tunnel Syndrome-EMG/NCS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261; 272.

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persist in whom earlier testing was negative, here, however, earlier electrodiagnostic testing of December 9, 2013 was positive for moderate right and mild-to-moderate left-sided carpal tunnel syndrome. The earlier positive electrodiagnostic testing affectedly obviated the request for repeat electrodiagnostic testing. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of electrodiagnostic testing in the diagnostic evaluation of nerve entrapment is deemed "not recommended." Here, the attending provider did not clearly state why repeat electrodiagnostic testing was needed or indicated here. The attending provider did not state how (or if) the applicant would act on the results of the study in question. There was no mention of the applicant's considering a surgical intervention for suspected carpal tunnel syndrome, for instance. The requesting provider was a pain management physician, not a hand surgeon, reducing the likelihood of the applicant's acting on the results of the study and/or going on to consider a surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.