

Case Number:	CM15-0142634		
Date Assigned:	08/03/2015	Date of Injury:	06/13/2014
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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 [REDACTED] beneficiary who has filed a claim for upper extremity paresthesias, headaches, irritability, and mood disturbance reportedly associated with an industrial injury of June 13, 2014. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of left upper extremity. The claims administrator referenced an RFA form of July 7, 2015 and progress note of April 15, 2015 in its determination. The applicant's attorney subsequently appealed. On a questionnaire dated April 14, 2015, the applicant stated that he had issues with tingling about the digits of the left hand. The applicant stated that he had received six weeks of physical therapy with some relief. The applicant stated he had no idea as to whether he was getting better or not. The applicant stated that he was, in fact, currently working. In an April 15, 2015 neurology note, the applicant reported complaints of pain and tingling about the first three digits of the left hand and ancillary complaints of posttraumatic headaches, irritability, sleep disturbance, and balance problems were reported. Electrodiagnostic testing of the left upper extremity was sought. It was not clearly stated what precisely was suspected, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, 2015 Chapter Forearm, Wrist, and Hand (Acute & Chronic Electrodiagnostic studies (EDS)).

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

Decision rationale: Yes, the request for EMG testing of left upper extremity was medically necessary, medically appropriate, and 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 suspected considerations, such as cervical radiculopathy. The MTUS Guideline in ACOEM Chapter 11, page 261 notes that such electrodiagnostic studies may include nerve conduction testing but, more difficult cases, that EMG testing may be helpful. Here, the applicant had a host of complaints present on the April 15, 2015 evaluation, including paresthesias about the first digits of left hand, headaches, balance problems, etc. Obtaining electrodiagnostic testing to include the EMG in question was, thus, indicated, given the fact that it was not clear why the applicant's upper extremity paresthesias represented a median neuropathy-type process versus an occult cervical radiculopathy. Therefore, the request is medically necessary.

Nerve conduction velocity (NCV) left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, 2015 Chapter Forearm, Wrist, and Hand (Acute & Chronic Electrodiagnostic studies (EDS)).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Similarly, the request for nerve conduction testing of left upper extremity is likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 269, in case of the peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. Here, the applicant continued to report paresthesias about the first digit of the left hand as of an office visit in April 15, 2015, a little under a year removed from the date of injury, June 13, 2014. Obtaining nerve conduction testing to delineate the source of the applicant's continued paresthesias was, thus, indicated, given the duration of the applicant's symptoms. Therefore, the request is medically necessary.