

Case Number:	CM15-0147302		
Date Assigned:	08/10/2015	Date of Injury:	03/10/2015
Decision Date:	09/10/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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 represented a 42-year-old who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of March 10, 2015. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced a June 8, 2015 RFA form in its determination. The full text of the UR report was not, it was incidentally noted, attached to the application. The applicant's attorney subsequently appealed. Electrodiagnostic testing performed on June 8, 2015 was notable for moderate right-sided carpal tunnel syndrome with a mild left-sided carpal tunnel syndrome. In a progress note dated June 24, 2015, the applicant reported complaints of stabbing right upper extremity pain and paresthasias, 9/10. 5/5 upper extremity strength was appreciated with intact sensorium about the affected right elbow. The applicant was given diagnoses of right wrist laceration, right elbow contusion, and right hand radial nerve neuropathy. A 50-pound lifting limitation was imposed. The applicant was given prescription for oral Naprosyn and topical capsaicin containing cream. Electrodiagnostic testing of bilateral upper extremities was sought towards the bottom of the note. In a progress note dated May 13, 2015, the applicant reported ongoing complains of right upper extremity pain and paresthasias. The note was difficult to follow as it mingled historical issues with current issues. The applicant had been terminated by his former employer, it was reported. The attending provider made incidental mention of the applicant having some ancillary complaints of left shoulder pain, but seemingly consistent the applicant's paresthasias were confined to the symptomatic right upper extremity. Electrodiagnostic testing of bilateral upper extremities was sought despite the fact that the applicant's paresthasias were seemingly confined to the right hand. The applicant did have comorbidities including diabetes and epilepsy, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BUE DOS 6/8/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261; 272. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd ed., pg. 848: 4.

Decision rationale: Yes, the request for electrodiagnostic testing of bilateral upper extremities performed on June 8, 2015 was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may be helpful to differentiate between carpal tunnel syndrome and other suspected considerations, such as cervical radiculopathy. The Third Edition ACOEM Guidelines Chronic Pain Chapter further stipulates that nerve conduction studies are recommended whenever there is suspicion of peripheral systemic neuropathy of uncertain cause. Here, the attending provider's documentation while at times mingling historical issues with current issues, did seemingly suggest that the applicant had a several-month history of right upper extremity pain and paresthesias associated with a traumatic industrial injury, which had seemingly proven recalcitrant to time, medications, work restrictions, etc., superimposed on issues with a possible diabetic neuropathy. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that the routine usage of NCV-EMG testing in the evaluation of suspected nerve entrapment is deemed is "not recommended," in this case, the attending provider did seemingly suggest (but did not clearly state) that the applicant could have issues with diabetic neuropathy superimposed on issues with a traumatic right upper extremity neuropathy following an industrial laceration injury. Obtaining electrodiagnostic testing was, thus, indicated to differentiate the possible considerations. Therefore, the request was medically necessary.