

Case Number:	CM15-0149505		
Date Assigned:	08/12/2015	Date of Injury:	04/17/2015
Decision Date:	09/14/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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 hand and wrist pain reportedly associated with an industrial injury of April 17, 2015. In a Utilization Review report dated July 22, 2015, the claims administrator partially approved requests for electrodiagnostic testing of the bilateral upper extremities as NCV testing of the bilateral upper extremities alone. The claims administrator referenced a July 10, 2015 progress note in its determination. The applicant personally appealed, in a fax letter dated July 31, 2015. On an RFA form dated July 14, 2015, electrodiagnostic testing of the bilateral upper extremities was sought. In an associated progress note of July 10, 2015, the applicant reported issues with nocturnal paresthasias about the bilateral hands, wrists, and digits, predominantly involving the median nerve distribution. The applicant had a past medical history notable for asthma, it was reported. The applicant exhibited a well-preserved left upper extremity motor function with positive Tinel and Phalen signs bilaterally. The applicant was given presumptive diagnoses of bilateral carpal tunnel syndrome. Electrodiagnostic testing was sought. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

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: No, the request for EMG testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACEOM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome or other considerations such as cervical radiculopathy. ACOEM notes that these may include nerve conduction studies or, in more difficult cases, EMG may be helpful. Here, however, it not stated precisely what was more difficult about the applicant's case which would have compelled the EMG component of the request. There was no mention of the applicant's having a superimposed diagnosis or superimposed consideration, such as cervical radiculopathy, ulnar neuropathy, etc. The sole item on the differential diagnosis was, in fact, carpal tunnel syndrome, the treating provider reported on July 10, 2015. The attending provider failed to furnish a clear or compelling rationale for the EMG component of the request. Therefore, the request was not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Similarly, the request for EMG testing of the right upper extremity was likewise 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 or other considerations, such as cervical radiculopathy. Appropriate electrodiagnostic studies, per ACOEM, may include nerve conduction studies or, in more difficult cases, EMG may be helpful. Here, however, the attending provider did not state precisely what was so difficult about the applicant's case which would have compelled the EMG component of the request. The sole item on the differential diagnosis list, per the July 10, 2015 progress note, was carpal tunnel syndrome. There was no mention of the applicant's having a possible superimposed disease process such as ulnar neuropathy or cervical radiculopathy, arguing against the need for the EMG component of the request. Therefore, the request was not medically necessary.