

Case Number:	CM15-0169842		
Date Assigned:	09/17/2015	Date of Injury:	12/13/2010
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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 32-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of December 13, 2010. In a Utilization Review report dated August 24, 2015, the claims administrator partially approved a request for electrodiagnostic testing of bilateral upper extremities and NCV testing of the left upper extremity alone. An August 11, 2015 office visit and an associated RFA form of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On said August 11, 2015 progress note, the applicant reported 7-9/10 bilateral wrist pain complaints. The applicant had undergone an earlier right carpal tunnel release procedure, it was reported. Positive Tinel sign was noted about both right and left wrists. The attending provider contended that the applicant had issues with possible complex regional pain syndrome about the right hand versus residual carpal tunnel syndrome about the right hand status post earlier right-sided carpal tunnel release surgery. The attending provider also gave the applicant a diagnosis of left-sided carpal tunnel syndrome. Electrodiagnostic testing of bilateral upper extremities was sought while Relafen, Neurontin, Dendracin, and permanent work restrictions were endorsed. It was not clearly stated that whether the applicant was or was not working with said permanent work restrictions in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremity: Overturned

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, and Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

Decision rationale: Yes, the request for electrodiagnostic (EMG-NCV) testing of the bilateral upper extremities was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persist and in whom earlier testing was negative. Here, by analogy, the applicant was described as having issues with right-sided carpal tunnel syndrome, previously operated upon. The attending provider seemingly contended on August 11, 2015 that the applicant had developed a recurrence of right-sided carpal tunnel syndrome versus complex regional pain syndrome (CRPS) on August 11, 2015. The applicant also reported ancillary complaints of left upper extremity paresthesias, it was acknowledged on that date. Moving forward with the repeat electrodiagnostic testing in question was, thus, indicated to ascertain the presence of a residual right-sided carpal tunnel syndrome versus superimposed complex regional pain syndrome (CRPS), particularly with page 37 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledging that nerve damage associated with complex regional pain syndrome can be detected by EMG testing. Moving forward with the EMG-NCV testing at issue, thus, was indicated to determine the source of the applicant's ongoing complaints of upper extremity paresthesias. Therefore, the request is medically necessary.