

Case Number:	CM15-0183536		
Date Assigned:	09/24/2015	Date of Injury:	03/25/2015
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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 46-year-old who has filed a claim for chronic neck, shoulder, and elbow pain reportedly associated with an industrial injury of March 25, 2015. In a utilization review report dated September 2, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the left upper extremity. The claims administrator referenced an office visit of July 15, 2015 and August 27, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated August 25, 2015, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability. He was given diagnoses of elbow epicondylitis, wrist pain, shoulder pain, and suspected reflex sympathetic dystrophy of the right upper extremity versus cervical radiculopathy. The applicant was described as having complaints of right shoulder, right elbow, right wrist pain, 7-8/10. The attending provider stated electrodiagnostic testing of the bilateral upper extremities to rule out carpal tunnel syndrome versus ulnar neuropathy versus cervical radiculopathy was being sought. The applicant was using Norco and Naprosyn for pain relief. The applicant was not working, it was acknowledged. The applicant did have derivative complaints of psychological stress, anxiety, and depression. MRI imaging of the right shoulder was also seemingly ordered. Despite the fact that the applicant's symptoms were seemingly confined to the right upper extremity, electrodiagnostic testing of the bilateral upper extremities was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of EMG or NCV testing in the evaluation of applicants without symptoms is deemed "not recommended." Here, the August 25, 2015 office visit at issue suggested the applicant's symptoms were confined to the symptomatic right upper extremity. The applicant complained of right elbow, right shoulder, and right wrist pain, it was reported on that date. It was not clearly stated why electrodiagnostic testing of the seemingly asymptomatic left upper extremity was sought in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.