

Case Number:	CM15-0189704		
Date Assigned:	10/01/2015	Date of Injury:	05/16/2010
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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 48-year-old who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of May 16, 2010. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the right upper extremity. The claims administrator referenced a September 1, 2015 progress note and an associated September 8, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported ongoing complaints of persistent left wrist pain. The applicant had reportedly been diagnosed with left carpal tunnel syndrome and left De Quervain's tenosynovitis. The applicant had undergone surgery for both issues. On August 4, 2015, it was reported that the applicant was not working, the treating provider acknowledged. The applicant had reportedly splinted her left hand, with only minimal relief, it was reported. 5-/5 left upper extremity was noted versus 5/5 right upper extremity strength with hypo-sensorium noted about the median nerve distribution of the left hand when contrasted against the right hand. Electrodiagnostic testing of the bilateral upper extremities was seemingly sought, despite the fact that the applicant's symptoms were seemingly confined to the symptomatic left upper extremity. Multiple medications, including Neurontin, Prilosec, and tramadol, were seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: No, the request for nerve conduction testing (NCS) of the right 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 the applicants without symptom is deemed "not recommended." Here, the attending provider reported on September 1, 2015 that the applicant's symptoms were confined to the symptomatic left upper extremity. All of the applicant's pain complaints effectively were confined to the left upper extremity, the treating provider reported on that date. It was not clearly stated why nerve conduction testing of the seemingly asymptomatic right upper extremity was proposed in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

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

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, Table 11-7, page 272, the routine usage of NCV or EMG testing in the diagnostic evaluation of the applicant's without symptoms is deemed "not recommended." Here, as with the preceding request, the applicant's symptoms were seemingly confined to the symptomatic left upper extremity, the treating provider reported on the September 1, 2015 office visit at issue. It was not clearly established why EMG testing of a seemingly asymptomatic right upper extremity was sought in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.