

<b>Case Number:</b>	CM15-0192800		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 61-year-old who has filed a claim for chronic shoulder, wrist, and hand pain reportedly associated with an industrial injury of August 5, 2011. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for consultation with another provider to address the need for electrodiagnostic testing of upper extremities. The claims administrator referenced an August 13, 2015 office visit in its determination. The claims administrator did not seemingly incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. On an RFA form dated August 22, 2015, the applicant was asked consult separate physician to address issues involving the shoulder and the need for electrodiagnostic testing of the upper extremities. On an associated progress note of August 13, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant reported complaints of worsening right wrist and right hand pain, 10/10. The applicant has had a positive right-sided Spurling maneuver with hyposensorium noted about the bilateral upper extremities. The applicant also exhibited diminished shoulder strength with diminished sensorium appreciated about the right wrist and right elbow. The applicant was asked to consult another provider to determine the need for electrodiagnostic testing of the upper extremities. Work restrictions were endorsed, although it was noted that the applicant was not working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Consultation With [REDACTED] Related To Bilateral Upper Extremity EMG/NCV As Outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Yes, the request for a consultation to address the need for electrodiagnostic testing of bilateral upper extremities was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, seemingly suggested that the applicant would be better-served obtaining the added expertise of another provider, presumably a neurologist or physiatrist, to determine the need for electrodiagnostic testing to ascertain a definitive diagnosis insofar as the cervical spine or upper extremities were/are concerned. Moving forward with the same was, thus, indicated. Therefore, the request was medically necessary.