

Case Number:	CM15-0202711		
Date Assigned:	10/19/2015	Date of Injury:	08/12/2011
Decision Date:	12/04/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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 25-year-old who has filed a claim of chronic shoulder and arm pain reportedly associated with an industrial injury of August 12, 2011. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for bilateral upper extremity electrodiagnostic testing. A September 23, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 23, 2015, the applicant reported issues with right shoulder pain. The applicant also reported altered sensorium about the right forearm. The applicant was doing accounting and bookkeeping work, the treating provider reported. The applicant reported numbness about the right arm. The attending provider stated that the applicant was having neurogenic symptoms in the form of numbness about the right upper extremity. The applicant had seen multiple electrodiagnosticians in the past, the treating provider reported. The applicant exhibited normal reflexes about the right arm, the treating provider reported. Electrodiagnostic testing of bilateral upper extremities was seemingly sought, despite the fact that the applicant's symptoms were confined to the right upper extremity. The attending provider stated toward the bottom of the note that the applicant would be placed off of work, on total temporary disability. A clear diagnosis was not seemingly stated. On May 22, 2015, the applicant was described as having burning and tingling sensations. The attending provider did not state which arm was afflicted with burning and tingling sensations. The attending provider stated that earlier cervical MRI imaging was nondescript and failed to uncover a clear source for the applicant's complaints. On April 9, 2014, the attending provider suggested that the applicant had issues with thoracic outlet syndrome (TOS). The

attending provider also stated earlier electrodiagnostic testing of December 4, 2014 was notable for right- sided cervical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeated bilateral upper extremity electromyography (EMG)/nerve conduction velocity (NCV): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter; Carpal tunnel syndrome Chapter.

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

Decision rationale: No, the request for repeat electrodiagnostic testing of bilateral upper extremities 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 NCV or EMG testing in the diagnostic evaluation of the applicants without symptoms is deemed "not recommended." Here, the attending provider's September 23, 2015 office visit seemingly stated that the applicant symptoms were confined to the symptomatic right upper extremity and right shoulder. It was not clearly stated why electrodiagnostic testing of the bilateral upper extremities to include testing of the seemingly asymptomatic left upper extremity was sought. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing can be repeated later in the course of treatment in applicants in whom symptoms persisting from earlier testing was negative, here, however, the attending provider stated on December 12, 2014 that earlier electrodiagnostic testing of December 4, 2014 was notable for a right-sided cervical radiculitis, effectively obviating the need for the repeat electrodiagnostic testing in question. Therefore, the request is not medically necessary.