

Case Number:	CM15-0032785		
Date Assigned:	02/26/2015	Date of Injury:	02/04/2014
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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 50-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of February 4, 2014. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve a request for EMG testing of the bilateral upper extremities. The claims administrator referenced non-MTUS Third Edition ACOEM Guidelines, which were mislabeled as originating from the MTUS. A January 22, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. In an earlier progress note dated December 11, 2014, the applicant's former treating provider noted that the applicant had had previous electrodiagnostic testing of July 17, 2014 notable for a mild right-sided carpal tunnel syndrome with no evidence of a cervical radiculopathy. The applicant also had a history of having had previous shoulder surgery, the applicant's prior treating provider noted. The applicant ultimately transferred care to a new primary treating provider on January 22, 2015. The applicant's new primary treating provider (PTP) suggested that the applicant obtain electrodiagnostic testing of the bilateral upper extremities, MRI imaging of the lumbar spine, x-rays of numerous body parts, a neurology consultation, a pain management consultation, and 12 sessions of manipulative therapy while remaining off of work, on total temporary disability, for one month. Large portions of the progress note were difficult to follow, sparse, and not entirely legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: No, the request for EMG testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. 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 persist in whom earlier testing was negative, in this case, however, the applicant has had earlier electrodiagnostic testing in 2014 which did establish a diagnosis of mild carpal tunnel syndrome, seemingly obviating the need for repeat testing. The attending provider's January 22, 2015 progress note was sparse, handwritten, thinly developed, and did not outline a clear or compelling basis for the request. Therefore, the request was not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Similarly, the request for EMG testing of the bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. 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 earlier testing was negative in whom symptoms persist, in this case, however, earlier electrodiagnostic testing, per the applicant's former treating provider, was positive for carpal tunnel syndrome, seemingly obviating the need for repeat testing. The attending provider's January 22, 2015 progress note was sparse, handwritten, thinly developed, and did not outline a clear or compelling basis for the request. Therefore, the request was not medically necessary.