

Case Number:	CM15-0088684		
Date Assigned:	05/12/2015	Date of Injury:	01/10/2012
Decision Date:	09/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/08/2015

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 55-year-old who has filed a claim for chronic neck, low back, shoulder, hand, and knee pain reportedly associated with an industrial injury of January 10, 2012. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced an RFA form received on April 15, 2015 in its determination. The claims administrator did not incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. On said handwritten RFA form of April 15, 2015, electrodiagnostic testing of bilateral upper extremities and six sessions of physical therapy were sought. In what appeared to be a handwritten Doctor's First Report (DFR) of the same date, the applicant reported ongoing complaints of neck pain, back pain, hand pain, and knee pain with tenderness about the cervical paraspinal musculature. The applicant apparently had difficulty grasping, it was reported. This was not elaborated upon. The note was sparse, thinly developed, and difficult to follow. The applicant also exhibited epicondylar tenderness. Electrodiagnostic testing of bilateral upper extremities and six sessions of physical therapy were sought while the applicant was placed off of work, on total temporary disability. It was not stated precisely what was suspected insofar as the electrodiagnostic testing in question was concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: No, the request for electrodiagnostic testing of the bilateral upper extremities is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that appropriate electrodiagnostic testing may help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The handwritten RFA form of April 15, 2015 and associated DFR of the same date did not articulate whether the applicant in fact carried a diagnosis of suspected cervical radiculopathy, suspected carpal tunnel syndrome, or some other issue. Little-to-no narrative commentary accompanied the request. The information on file, in short, did not substantiate the request and did not precisely state what diagnosis and/or issue(s) were suspected. Therefore, the request is not medically necessary.