

Case Number:	CM14-0117292		
Date Assigned:	09/19/2014	Date of Injury:	08/25/2010
Decision Date:	12/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic neck pain, wrist pain, adjustment disorder, generalized anxiety disorder, and major depressive disorder reportedly associated with an industrial injury of August 25, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier wrist surgery; earlier elbow surgery; psychological counseling; opioid therapy; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for electrodiagnostic testing of the right upper extremity. Overall rationale was sparse. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated June 16, 2014, it was acknowledged that the applicant was no longer working. The applicant was described as having been laid off by his former employer. The applicant suggested that he had gained a significant amount of weight and had issues with fatigue and malaise. The applicant apparently had a number of financial constraints and reportedly continued to overeat. In a handwritten note dated June 9, 2014, the applicant reported ongoing complaints of left elbow, left wrist, right elbow, and right wrist pain. The note was very difficult to follow. The applicant reportedly had a volar ganglion cyst evident about the left wrist with tenderness noted about the left elbow medial and lateral epicondyles. Positive Tinel and Phalen signs were noted about the left upper extremity, it was suggested, with decreased sensorium also appreciated about the same. The applicant was status post a right wrist arthroscopy for triangular fibrocartilage tear of the same. It was acknowledged that the applicant was not currently working, although the applicant was apparently returned to regular duty work on paper. The applicant did have issues with depression and psychological stress, it was acknowledged. Norco, Naprosyn, and Ambien were endorsed. Physical therapy was sought. The applicant was given a left wrist brace. In a

June 9, 2014 RFA form, Norco, physical therapy and EMG-NCV test of the left upper extremity was sought. In a hand surgery consultation of May 28, 2014, it was stated that the applicant had undergone trauma to the wrist and forearm and had undergone multiple surgical procedures to the same. The applicant apparently stated that his right ring and little finger remained numbed. The attending provider suggested that EMG-NCV testing be performed to the right upper extremity to assess the health of ulnar and median nerves to determine if surgical intervention involving the same was warranted. The applicant was asked to employ a right wrist brace in the interim. In an earlier note dated January 31, 2014, it was stated that the applicant had undergone a right ulnar nerve transposition surgery in July 2013 and two prior wrist arthroscopies in 2011 and 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG (Electromyography) for right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, 2nd Ed. (updated 2007), Chapter 10, page 42-43

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 33, NCV testing and possibly Electromyography (EMG) testing are recommended if severe nerve root entrapment is suspected and there is a failure to respond to conservative treatment. In this case, the attending provider has posited that the applicant likely has a residual ulnar neuropathy/residual cubital tunnel syndrome following earlier failed ulnar nerve transposition surgery in 2013. The applicant has residual complaints of paresthesias about the right upper extremity, the requesting provider has suggested, and is, moreover, willing to undergo further surgery involving the same if the testing in question is positive. Obtaining the repeat EMG testing in question is indicated, as it would materially influence the treatment plan. Therefore, the request is medically necessary.

Repeat NCV (Nerve Conduction Velocity) for right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, 2nd Ed. (updated 2007), Chapter 10, page 42-43

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 33, nerve conduction testing and possibly EMG are recommended in applicants in whom nerve root entrapment is suspected. In this case, the attending provider has posited that the applicant has a residual ulnar nerve entrapment about the elbow following earlier failed ulnar nerve transposition surgery. The attending provider has, furthermore, suggested that the applicant will act on the results of the electrodiagnostic testing in question and would likely consider further elbow surgery were it offered to him. Obtaining repeat NCV testing is, thus, indicated as it would materially influence the treatment plan. Therefore, the request is medically necessary.