

Case Number:	CM14-0124637		
Date Assigned:	08/11/2014	Date of Injury:	05/14/2008
Decision Date:	10/20/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/06/2014

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 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, arm, wrist, and shoulder pain reportedly associated with an industrial injury of May 14, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier left shoulder surgery; earlier right wrist de Quervain's release surgery; transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 23, 2014, the claims administrator apparently denied a request for electrodiagnostic testing, invoking non-MTUS ODG Guidelines despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In a mental health note dated May 15, 2014, it was suggested that the applicant was not working owing to a variety of issues associated with depression and anxiety. The applicant was given a diagnosis of major depressive disorder with associated Global Assessment of Functioning (GAF) of 50. A psychiatry consultation was endorsed. MRI imaging of right wrist of April 8, 2014 was notable for a triangular fibrocartilage tear. In a progress note dated July 14, 2014, the applicant reported 7/10 wrist pain. The applicant was not working, it was noted. The applicant was using Ambien and Vicodin for pain relief, it was stated. A positive Tinel's sign was noted about the right wrist with some numbness noted about the right thumb. Electrodiagnostic testing of the right upper extremity was sought to evaluate suspected carpal tunnel syndrome. The attending provider noted that the applicant's numbness about the thumb was increasing in intensity and severity. In a March 20, 2014 progress note, the applicant was described as having a variety of pain complaints, including neck pain, right wrist pain, and left shoulder pain, 7-8/10. The applicant's neck pain was reportedly burning in nature. The applicant reportedly had a fluctuating lump about the right wrist, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including the EMG study at issue here, are indicated to help differentiate carpal tunnel syndrome from other suspected diagnosis. In this case, the applicant is described as having a variety of possible pain generators, including possible de Quervain's tenosynovitis versus carpal tunnel syndrome versus cervical radiculopathy. The applicant's case, thus, is a more difficult case which does warrant EMG testing to help differentiate between some of these possible diagnostic considerations present here. Therefore, the request is medically necessary.

NCV of the right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies are indicated to help differentiate between carpal tunnel syndrome and other possible considerations, such as cervical radiculopathy. In this case, the applicant does have signs and symptoms suggestive of an active carpal tunnel syndrome process, including paresthesias about the right hand and right thumb with a positive Tinel's sign at the wrist. Obtaining appropriate electrodiagnostic studies, including the nerve conduction testing at issue, is indicated to help distinguish between the possible diagnostic considerations present here. Therefore, the request is medically necessary.