

Case Number:	CM14-0159107		
Date Assigned:	10/02/2014	Date of Injury:	03/10/2014
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 has filed a claim for bilateral arm pain reportedly associated with cumulative trauma at work between the dates of February 1, 2002 through March 10, 2014. Thus far, the applicant has been treated with the following: analgesic medications; topical agents; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; reported return to regular duty work; and electrodiagnostic testing on April 29, 2014, interpreted as negative for either median or ulnar neuropathy. In a September 4, 2014 Utilization Review Report, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities, denied a topical compounded cream, and approved a request for 12 sessions of occupational therapy. On June 20, 2014, the applicant underwent repeat electrodiagnostic testing of the right hand. It was stated that the applicant was unable to tolerate EMG testing of the left upper extremity. The repeat testing demonstrated a right ulnar neuropathy. In an August 14, 2014 progress note, the applicant transferred care to a new primary treating provider, reporting ongoing complaints of neck pain, bilateral hand and wrist pain, and upper back pain. The applicant did have numbness and tingling about the bilateral hands and digits. 5/5 bilateral upper extremity strength was noted with positive Tinel's signs at the elbows bilaterally. The applicant was returned to regular duty work. The attending provider suggested repetition of the electrodiagnostic testing on the grounds that the earlier electrodiagnostic testing was incomplete owing to the applicant's inability to tolerate the same. The attending provider acknowledged that he had not been furnished with the earlier electrodiagnostic testing report. In a September 17, 2014 progress note, the applicant reported 6/10 bilateral hand pain and 3-4/10 neck pain. In one section of the note, it was stated that the applicant was not currently working, while, in another section of the note, the applicant was asked to continue working regular duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

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

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

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 11, page 261, do support repetition of electrodiagnostic testing later in the course of treatment in applicants in whom earlier testing was negative and in whom symptoms persist, in this case, however, earlier electrodiagnostic testing was positive for right-sided ulnar neuropathy. It is unclear why electrodiagnostic testing of the bilateral upper extremities is being sought in light of the fact that the applicant has already had electrodiagnostic testing of the right upper extremity which did definitively establish the diagnosis of ulnar neuropathy of the same. Therefore, the request is not medically necessary.

Diclofenac/Lidocaine Cream, 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the compound at issue are deemed "not recommended." In this case, there is no evidence of intolerance and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify the selection and/or ongoing usage of topical medications such as this. Therefore, the request is not medically necessary.