

Case Number:	CM14-0090991		
Date Assigned:	07/25/2014	Date of Injury:	12/24/2013
Decision Date:	12/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 wrist, neck, shoulder, and upper extremity pain reportedly associated with an industrial injury of December 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated May 29, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the upper extremities. The claims administrator reportedly based its decision on progress notes of May 13, 2014 and computerized range of motion and muscle testing of January 31, 2014, it was suggested. In a handwritten note dated May 13, 2014, difficult to follow, not entirely legible, the applicant reported complaints of right wrist pain, 7/10, with associated stabbing pain, numbness, weakness, and swelling. Electrodiagnostic testing of the bilateral upper extremities was sought to rule out carpal tunnel syndrome. It was stated that x-rays of the hand were negative due to fracture. It was stated that the applicant had developed some transportation issues. Twelve sessions of physical therapy and 12 sessions of acupuncture were endorsed. In the diagnostic studies requested section of the report, the attending provider stated that the applicant's symptoms were confined to the right hand but went on to order electrodiagnostic testing of the bilateral upper extremities nevertheless. It was stated that carpal tunnel syndrome was suspected. Motrin was also endorsed, along with a rather proscriptive 10-pound lifting limitation. In an earlier note dated January 29, 2014, the applicant was again given diagnosis of right wrist strain with derivative complaints of stress, anxiety, depression, and insomnia. The applicant was reportedly waking up at night secondary to pain, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the diagnostic evaluation of applicants without symptoms is deemed "not recommended." In this case, the applicant is seemingly asymptomatic insofar as the left upper extremity is concerned. The attending provider's documentation seemingly suggests that the applicant's symptoms are confined to the right upper extremity. The attending provider's handwritten progress notes, furthermore, contained little to no narrative rationale or applicant-specific rationale commentary which would offset the unfavorable ACOEM position on electrodiagnostic testing of asymptomatic body parts. Therefore, the request is not medically necessary.

NCV of right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, nerve conduction testing for suspected median nerve impingement at the wrist is "recommended" after failure of conservative treatment. Here, the applicant has seemingly failed several months of conservative treatment in the form of time, medications, observation, physical therapy, acupuncture, etc. Upper extremity complaints with associated paresthesias suggestive of carpal tunnel syndrome persist. Nerve conduction testing is indicated to delineate the extent of the same. Therefore, the request is medically necessary.

NCV of left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine usage of NCV or EMG testing in the diagnostic evaluation of applicants

without symptoms is "not recommended." Here, the applicant is entirely asymptomatic insofar as the left upper extremity is concerned. The applicant's symptoms, the requesting provider has suggested on several occasions, is confined to the symptomatic right upper extremity. The attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on electrodiagnostic testing of asymptomatic body parts. Therefore, the request is not medically necessary.

EMG of right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does suggest that electromyography may be helpful in "more difficult cases" in applicants in whom it is necessary to help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy, in this case, however, the attending provider did not outline why the case was more difficult and/or what applicant-specific factors were present which would compel EMG testing of the right upper extremity in addition to the NCV testing already approved above. There was no mention of a suspected comorbid diagnosis or suspected superimposed diagnosis such as possible diabetic neuropathy, ulnar neuropathy, brachial plexopathy, cervical radiculopathy, etc., which would compel the EMG component of the request. Therefore, the request is not medically necessary.