

Case Number:	CM13-0070460		
Date Assigned:	01/03/2014	Date of Injury:	03/28/2012
Decision Date:	04/03/2015	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 60-year-old male who reported an injury on 03/29/2012. He had reportedly suffered this injury due to repetitive stress to his right upper extremity. He had previously utilized modified duty, off work, ergonomic evaluation, wrist splinting and medications to include Motrin, nabumetone, hydrocodone, Keflex, Lidoderm patches, buprenorphine, and tramadol/APAP, methylprednisolone, Topamax and a home exercise program. Additionally, he underwent right carpal tunnel release in 08/2012. He had previously been authorized for an EMG of the right upper extremity, motor nerve conduction study of the right upper extremity, and sensory nerve conduction study of the right upper extremity with noncertification of a functional restoration program and EMG of 2 extremities. It was noted that he underwent a repeat EMG on 12/09/2013 by [REDACTED] which revealed right moderate median mononeuropathy consistent with carpal tunnel syndrome and evidence for right ulnar sensory mononeuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF TWO EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: Under the California MTUS/ACOEM Guidelines, although EMG may be considered appropriate for diagnosing potential radicular symptoms not specifically identified on physical examination, the request is not specific as to which extremities this testing applies. Additionally, there were no recent comprehensive physical examinations provided for review to confirm the injured worker had significant pathology to support undergoing an EMG at this time. As such, the request for EMG of 2 extremities is not considered medically necessary.

**MOTOR NERVE CONDUCTION STUDIES OF THE UPPER EXTREMITIES,
QUANTITY 2: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: Under the California MTUS/ACOEM Guidelines, although nerve conduction studies may be considered appropriate for injured workers who have symptoms on physical examination related to radiculopathy, without having a more thorough rationale for the repeated motor nerve conduction study of the upper extremities when the injured worker had a prior study performed of the right upper extremity and no symptoms related to the left upper extremity, the request cannot be supported at this time. Therefore, the motor nerve conduction studies of the upper extremities, quantity 2, is not a medical necessity.

**SERNSORY NERVE CONDUCTION STUDIES OF THE UPPER EXTREMITIES
QUANTITY 2: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: Under the California MTUS/ACOEM Guidelines, although sensory conduction studies may be considered appropriate for injured workers who have symptoms on physical examination related to radiculopathy, without having a more thorough rationale for the repeated sensory nerve conduction study of the upper extremities when the injured worker had a prior study performed of the right upper extremity and no symptoms related to the left upper extremity, the request cannot be supported at this time. Therefore, the sensory nerve conduction studies of the upper extremities, quantity 2, is not a medical necessity.

FUNCTIONAL RESTORATION PROGRAM (FRP) EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: Under the California MTUS/ACOEM Guidelines, the criteria for undergoing a functional restoration program includes patients who are not considered a surgical candidate. The previous denial letter indicated that there was no ruling out of the injured worker being a potential candidate for surgery at a later date. Additionally, the physician had indicated that the injured worker was not deemed a surgical candidate at that time which implied that surgery may be requested at a later date. There were no recent clinical exam notes to identify this injured worker as having met all of the criteria for undergoing the functional restoration program to identify any recent conservative efforts. A recent psychological evaluation to determine if the injured worker is cognitively able to fully participate in this type of a program, or any indication that the injured worker had set goals for use of this program in improving his overall functional ability. Therefore, after reviewing the clinical documentation, the requested service was not considered a medical necessity at this time.