

Case Number:	CM14-0074401		
Date Assigned:	07/16/2014	Date of Injury:	04/15/2011
Decision Date:	06/08/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/21/2014

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. 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31-year-old who has filed a claim for chronic wrist, hand, elbow, and upper extremity pain reportedly associated with an industrial injury of April 15, 2011. In a Utilization Review report dated April 29, 2014, the claims administrator failed to approve requests for EMG testing of the bilateral upper extremities. A progress note dated March 21, 2014 was referenced in the determination. The claims administrator did seemingly approve nerve conduction testing, however. On March 21, 2014, the applicant reported issues with heightened pain about the hands, wrists, and upper extremities. The note was blurred as a result of repetitive photocopying and somewhat difficult to follow. Gripping, grasping, and typing remained problematic. The applicant was nevertheless working regular duty. The applicant was using Motrin for pain relief. Positive Tinel and Phalen signs were noted about the wrists. The applicant was given a presumptive diagnosis of carpal tunnel syndrome secondary to cumulative trauma at work. A secondary diagnosis of elbow epicondylitis was evident. The applicant had had earlier electrodiagnostic testing, it was acknowledged, several years prior. The attending provider seemingly ordered a repeat electrodiagnostic testing on the grounds that earlier electrodiagnostic testing was several years old. The results of earlier electrodiagnostic testing, however, were not clearly reported. In a May 16, 2011 progress note, the applicant was returned to regular duty work. The applicant was given a presumptive diagnosis of carpal tunnel syndrome at that point in time. Electrodiagnostic testing was ordered on that date.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Electromyography (EMG); ODG Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS).

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

Decision rationale: No, the request for EMG testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing can be repeated later in the course of treatment in applicants in whom earlier testing was negative in whom symptoms persist, in this case, however, the results of earlier electrodiagnostic testing performed in 2011 were not clearly reported. If positive, the earlier 2011 electrodiagnostic testing would have obviated the need for the EMG testing in question. Therefore, the request was not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Electromyography (EMG); ODG Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS).

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

Decision rationale: Similarly, the request for EMG testing of the right upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing can be repeated later in the course of treatment in applicants in whom symptoms persist in whom earlier testing was negative, here, however, the results of previously performed electrodiagnostic testing were not clearly reported. However, if positive, the earlier 2011 electrodiagnostic testing would have effectively obviated the need for the request in question. Therefore, the request was not medically necessary.