

Case Number:	CM15-0034348		
Date Assigned:	03/02/2015	Date of Injury:	07/23/2014
Decision Date:	06/23/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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 61-year-old who has filed a claim for bilateral upper extremity pain reportedly associated with cumulative trauma at work first claimed on July 23, 2014. In a Utilization Review Report dated February 2, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the left upper extremity. The applicant's attorney subsequently appealed. In an appeal letter dated February 6, 2015, the applicant reported ongoing issues with alleged bilateral carpal tunnel syndrome and tendonitis of the wrist. The attending provider stated that the applicant had various issues with upper extremity paresthesias. The attending provider stated that the claims administrator had denied the request outside of the allotted timeframe. The attending provider also pointed out that the claims administrator invoked non-MTUS ODG Guidelines in favor of MTUS Guidelines. In an November 10, 2014 progress note, the applicant reported issues with bilateral upper extremity pain. The applicant had stopped working, it was acknowledged. Triggering was reported. The applicant reportedly exhibited positive Tinel signs about the wrists. The applicant exhibited a diagnosis of bilateral carpal tunnel syndrome versus wrist tendonitis. The attending provider also noted that the applicant had issues with shoulder pain and superimposed issues with hypothyroidism.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Left Upper Extremity/Left Hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web) 2014, Carpal Tunnel Syndrome/Nerve conduction studies (NCS).

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

Decision rationale: Yes, the request for nerve conduction testing of the left upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies, including nerve conduction testing, may help to differentiate between carpal tunnel syndrome and other suspected conditions, such as cervical radiculopathy. Here, the applicant has ongoing issues with upper extremity paresthesias apparently imputed to suspected carpal tunnel syndrome. Wrist bracing had proven ineffectual. Moving forward with nerve conduction testing to help establish a diagnosis of carpal tunnel syndrome was indicated. Therefore, the request was medically necessary.

EMG Left Upper Extremity/Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Carpal Tunnel Syndrome/Nerve conduction studies (NCS).

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

Decision rationale: Conversely, 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 EMG testing is recommended in more difficult cases to help differentiate between carpal tunnel syndrome and suspected cervical radiculopathy, in this case, however, there was no mention of the applicant's carrying a superimposed diagnosis of cervical radiculopathy. The applicant's primary pain generators were the right shoulder and bilateral wrists. The attending provider stated that the applicant carried primary diagnoses of bilateral carpal tunnel syndrome and/or wrist tendonitis. It did not appear that the applicant had issues with suspected cervical radiculopathy for which the EMG component of the request would have been indicated to help differentiate between a carpal tunnel syndrome and a cervical radiculopathy. The attending provider did not furnish a clear or compelling rationale for the EMG component of the request. Therefore, the request was not medically necessary.