

Case Number:	CM15-0065165		
Date Assigned:	04/13/2015	Date of Injury:	01/03/2013
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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 27-year-old who has filed a claim for chronic neck pain, myofascial pain syndrome, shoulder pain, and upper extremity pain reportedly associated with an industrial injury of January 3, 2013. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for EMG testing of the bilateral upper extremities. Nerve conduction testing of the bilateral upper extremities, conversely, was approved. The claims administrator referenced a progress note dated February 23, 2015 in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated January 14, 2015, the applicant reported ongoing complaints of neck pain, bilateral shoulder pain, bilateral hand and wrist pain, and bilateral upper extremity paresthesias. The applicant also had myofascial pain complaints and mental health complaints. The applicant was off of work, on total temporary disability. The applicant had alleged development of multifocal pain complaints secondary to cumulative trauma at work. The applicant had reportedly had normal electrodiagnostic testing of the right upper extremity at an earlier unspecified point in time, the medical-legal evaluator reported. On February 23, 2015, the applicant reported ongoing complaints of right hand pain, right wrist pain, bilateral shoulder pain, neck pain, and left hand pain with ancillary complaints of depression, anxiety, insomnia, bruxism, and upper extremity paresthesias. Hyposensorium was noted about the upper extremities with positive Tinel and Phalen signs also appreciated. Electrodiagnostic of the bilateral upper extremities was proposed. The attending provider stated that he was searching for cervical radiculopathy versus peripheral

neuropathy such as carpal tunnel syndrome and/or ulnar neuropathy. The attending provider acknowledged that earlier electrodiagnostic testing of March 13, 2015 was in fact negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for EMG 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 can help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. Here, the applicant had a variety of pain generators, including the neck, shoulders, wrists, elbows, etc. The applicant continued to report symptoms of upper extremity paresthesias. Earlier electrodiagnostic testing was negative. Obtaining repeat electrodiagnostic testing was, thus, indicated to help differentiate between carpal tunnel syndrome and other possible considerations, such as cervical radiculopathy. Therefore, the request for an EMG of the left upper extremity was medically necessary.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. Here, the applicant had a variety of complaints, including neck pain, shoulder pain, wrist pain, elbow pain, upper extremity paresthesias, etc. Both cervical radiculopathy and carpal tunnel syndrome were on the differential diagnosis list. Earlier electrodiagnostic testing in March 2013 was negative. Obtaining repeat electrodiagnostic testing was, thus, indicated to help establish the presence or absence of cervical radiculopathy versus carpal tunnel syndrome. Therefore, the request for an EMG of the right upper extremity was medically necessary.