

Case Number:	CM15-0071069		
Date Assigned:	04/21/2015	Date of Injury:	09/11/2012
Decision Date:	07/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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 26-year-old who has filed a claim for chronic hand, wrist, and elbow pain reportedly associated with an industrial injury of September 11, 2012. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for a consultation and treatment (AKA referral) with a neurologist, electrodiagnostic testing of the bilateral upper extremities, and somatosensory evoked potential testing. A March 5, 2015 progress note was referenced in the determination. The claims administrator also alluded to earlier electrodiagnostic testing of June 4, 2014 demonstrating moderate-to-severe bilateral carpal tunnel syndrome and a chronic C5-C6 cervical radiculopathy. The claims administrator contended that the applicant was no longer working and had been terminated by his former employer. On November 19, 2014, the applicant underwent a right carpal tunnel release surgery, a wrist flexor tenosynovectomy, and an ulnar nerve release surgery. In a January 9, 2015 progress note, the applicant reported multifocal complaints of hand, wrist, finger, and digit pain, right sided. The applicant was apparently given an elbow corticosteroid injection. The applicant was placed off of work, on total temporary disability, it was acknowledged. The applicant had been terminated by his former employer. Occupational therapy was sought. The attending provider stated that he had not received all diagnostic test results seemingly ordered and/or performed by other providers. A medical-legal report dated November 17, 2014 also noted that the applicant was off of work as of that point in time. The medical-legal evaluator likewise alluded to electrodiagnostic testing of June 4, 2014 demonstrating mild right-sided carpal tunnel syndrome, right-sided Guyon's canal syndrome, and a right chronic, active C5-C6 radiculopathy. On March 5, 2015, the applicant reported worsening right-sided elbow, hand, wrist, and finger pain with associated paresthesias. Tenderness about the elbow epicondylar region was noted.

A functional capacity evaluation was endorsed. The treating provider acknowledged that the applicant was off of work and had been laid off by his former employer. The note was very difficult to follow and mingled historical issues with current issues. Consultation with a neurologist and electrodiagnostic testing of the bilateral extremities to include somatosensory evoked potential was sought. In another section of the note, the attending provider stated that he wished to obtain the results of previously performed electrodiagnostic testing. The attending provider's progress note, however, stated that the applicant had numbness and tingling about the right third, fourth, and fifth fingers. The attending provider seemingly suggested that all of the applicant's symptom were confined to his symptomatic right upper extremity. The attending provider stated that he wished for the neurologist to perform a repeat electrodiagnostic testing for academic purposes, to compare the results of current testing with previous testing. The attending provider then stated that he intended to observe the applicant's right carpal tunnel syndrome in any case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treat by a neurologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: The request for a consultation and treatment (AKA referral) with a neurologist was medically necessary, medically appropriate, or indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work, on total temporary disability. Ongoing complaints of right upper extremity pain and paresthesias were evident. The requesting provider, a plastic surgeon, seemingly suggested that the applicant would be better served obtaining the added expertise of another practitioner, namely a neurologist. Obtaining the added opinion and/or expertise of a neurologist was indicated, particularly as it did not appear that the applicant was intent on pursuing any further surgery involving the hand, wrist, and/or elbow. Therefore, the request was medically necessary.

EMG of bilateral upper extremities by a neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic), Electrodiagnostic studies (EDS).

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

Decision rationale: Conversely, the request for EMG testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG

testing for diagnostic evaluation of applicants without symptoms is deemed not recommended. Here, the attending provider's progress note of March 5, 2015 acknowledged that all of the applicant's upper extremity pain and paresthesias were confined to the symptomatic right upper extremity. The applicant did not appear to have any active symptoms involving the asymptomatic left upper extremity. Since EMG testing of the bilateral upper extremities, by definition, would involve testing of the asymptomatic left upper extremity, the request, as written, runs counter to ACOEM principles and parameters. Therefore, the request was not medically necessary.

NCV of bilateral upper extremities by a neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic), Electrodiagnostic studies (EDS), Nerve Conduction Velocities (NCV).

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

Decision rationale: Similarly, the request for nerve conduction testing of the bilateral upper extremities were likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, the attending provider's March 5, 2015 progress note suggested that the applicant's symptoms were confined to the symptomatic right upper extremity. There was no mention of the applicant's having any neuropathic symptoms or paresthesias involving the seemingly asymptomatic left upper extremity. Since nerve conduction testing of bilateral upper extremities would, by definition, involve testing of the asymptomatic left upper extremity, the request, as written, runs counter to ACOEM principles and parameters. Therefore, the request was not medically necessary.

Treatment with SSEP for the ulnar and median nerves by a neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd Chronic Pain, pg 841 Table 7. Diagnostic Criteria for Non-red Flag Conditions Somatosensory evoked potential studies not indicated for radicular lesions but diagnostic for myelopathic injury/diseases.

Decision rationale: Finally, the request for somatosensory evoked potentials for the medial and ulnar nerves was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that somatosensory evoked potentials are optional if spinal stenosis or myelopathy is suspected, here, however, the attending provider stated that the only item in the differential diagnosis was for medial and/or ulnar neuropathy status post earlier Guyon's canal release surgery and carpal tunnel release surgery. The attending provider likewise stated that he had no intention of acting on the results of the same as he intended to observe the applicant's symptoms for the time being

as of the March 5, 2015. In a similar vein, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 841 that somatosensory evoked potential studies are not indicated for radicular lesions but are diagnostic for myelopathic injuries or processes. Here, however, there was no mention of the applicant's carrying a diagnosis of myelopathy, cervical stenosis, etc., for which the somatosensory evoked potential testing could have been endorsed. Therefore, the request was not medically necessary.