

<b>Case Number:</b>	CM15-0071510		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 53-year-old who has filed a claim for chronic wrist, forearm, and hand pain reportedly associated with an industrial injury of August 31, 2014. In a Utilization Review report dated March 26, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the left upper extremity. The claims administrator referenced a March 16, 2015 RFA form and a progress note of November 17, 2014 in its determination. The applicant's attorney subsequently appealed. On December 10, 2014, the applicant reported issues with numbness, tingling, and paresthesias about the left upper extremity. The applicant had apparently alleged a cumulative insult to her wrist and forearm. Hyposensorium was noted about the left hand and digits with positive Phalen and Tinel signs at the wrist. The applicant was given a presumptive diagnosis of carpal tunnel syndrome. It was stated that the applicant had had 24 sessions of physical therapy through this point in time and had also failed analgesic medications. The applicant's work status was not detailed. On February 4, 2015, the applicant again reported issues with bilateral arm pain and left upper extremity paresthesias. The applicant's left arm pain was scored at 7-9/10. The applicant exhibited decreased grip strength about the left side as compared to the right. Electrodiagnostic testing and a rather proscriptive 10-pound lifting limitation were proposed. It was not clearly stated whether the applicant was or was not working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient EMG/NCV left upper extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ACOEM web-based edition, [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

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

**Decision rationale:** Yes, the request for outpatient electrodiagnostic testing of 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 may help to differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. Here, the applicant had ongoing complaints of left upper extremity pain and paresthesias, which had been present for what, appeared to have been a minimum of several months. The treating provider had posited that the applicant's signs and symptoms were suggestive of carpal tunnel syndrome. The applicant had apparently failed conservative measures including time, medications, physical therapy, work restrictions, etc. Obtaining electrodiagnostic testing, thus, was indicated to help establish the operating diagnosis here. Therefore, the request was medically necessary.