

Case Number:	CM15-0072478		
Date Assigned:	04/22/2015	Date of Injury:	05/14/2013
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/15/2015

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 54-year-old who has filed a claim for chronic neck, wrist, and shoulder pain reportedly associated with an industrial injury of May 14, 2013. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced an RFA form received on March 24, 2015 in its determination. A progress note of March 10, 2015 was also referenced. The applicant's attorney subsequently appealed. In an operative report dated October 1, 2014, the applicant underwent a right carpal tunnel release surgery. On January 30, 2015, the applicant reported ongoing complaints of left shoulder pain with numbness, tingling, and paresthesias about the right wrist. 4/5 right upper extremity strength with equivocal Tinel and Phalen signs about the right wrist were reported. Additional physical therapy was sought while the applicant was placed off of work, on total temporary disability. In a work status report dated March 10, 2015, electrodiagnostic testing of bilateral upper extremities was proposed. Naprosyn was renewed. The applicant was kept off of work, on total temporary disability. Little-to-no narrative commentary accompanied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome Chapter, Electromyography section and section regarding nerve conduction studies.

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

Decision rationale: No, the request for electrodiagnostic 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 use of EMG or NCV testing in the evaluation of asymptomatic applicants is deemed "not recommended." Here, the March 10, 2015 progress note was quite sparse and did not contain much narrative commentary so as to support the request. A historical progress note of January 30, 2015, however, suggested that the applicant's paresthesias were confined to the symptomatic right upper extremity. Since electrodiagnostic testing of bilateral extremities would involve testing of the seemingly asymptomatic left upper extremity, the request, thus, as written, cannot be supported. Therefore, the request is not medically necessary.