

Case Number:	CM15-0077395		
Date Assigned:	04/28/2015	Date of Injury:	02/15/2004
Decision Date:	06/08/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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 63-year-old who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of February 15, 2004. In a Utilization Review report dated April 3, 2015, the claims administrator failed to approve a request for electro diagnostic testing of the bilateral upper extremities. The claims administrator referenced a progress note of March 19, 2015, and an RFA form of April 7, 2015, in its determination. The applicant's attorney subsequently appealed. In an RFA form dated April 7, 2015, electro diagnostic testing of bilateral upper extremities was sought. In an associated progress note dated March 19, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck and upper back pain with associated radiation of pain to the upper extremities, left greater than right. Atrophy about the left upper extremity and weakness about the left arm were appreciated. Hyposensorium about the left arm was also noted. The note was very difficult to follow and not altogether legible. The applicant's work status was not clearly stated. Electro diagnostic testing was proposed. In an earlier handwritten noted January 12, 2015, the applicant was described as having numbness and tingling about the bilateral upper extremities. Weakness was noted about the bilateral grip strength muscles. Electro diagnostic testing was again proposed. The remainder of the file was surveyed. There was no documentation of previous electro diagnostic testing results (if any).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve conduction velocity (NCV) of bilateral upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: No, the request for electro diagnostic testing of bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261, does support repetition of electro diagnostic testing in applicants in whom symptoms persist in whom earlier testing was negative, in this case, however, the results of earlier electro diagnostic testing between the date of the injury, February 15, 2004, and the date of the request April 7, 2015, were not detailed. It was not clearly stated whether the applicant had or not had prior electro diagnostic testing in the preceding 10 to 11 years. The attending provider's handwritten progress note did not recount clear description of what treatments and/or diagnostic testing had transpired to date. Earlier positive electro diagnostic testing, thus, if present, would have effectively obviated the need for the electro diagnostic testing in question. Therefore, the request was not medically necessary.