

<b>Case Number:</b>	CM15-0098671		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 50-year-old who has filed a claim for chronic hand, wrist and forearm pain reportedly associated with an industrial injury of June 1, 2012. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve a request for an orthopedic consultation, Ultram (tramadol), and electrodiagnostic testing of bilateral upper extremities. An April 1, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant was given a prescription for tramadol. Ongoing complaints of right wrist pain were reported. The applicant was placed off of work, on total temporary disability. Little-to-no discussion of medication efficacy transpired. Electrodiagnostic testing of bilateral upper extremities was sought, despite the fact that the attending provider only reported symptoms involving the right upper extremity. On April 1, 2015 the applicant was again placed off of work, on total temporary disability. Ongoing complaints of constant right wrist pain, throbbing, 6/10 were reported. Tramadol was renewed. The attending provider suggested that the applicant consult an orthopedist to assess alleged median nerve entrapment. Electrodiagnostic testing of bilateral upper extremities was again sought, despite the fact that the applicant's symptoms were seemingly confined to the right upper extremity. An orthopedic consultation was proposed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG of The Bilateral Upper Extremities: Upheld**

**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): 272.

**Decision rationale:** No, 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 in the diagnostic evaluation of applicants without symptoms is deemed not recommended. Here, the applicant's symptoms are confined to the seemingly symptomatic right upper extremity. The EMG testing of the bilateral upper extremities at issue, thus, runs counter to ACOEM principles and parameters, as it, by implication, involves testing of the asymptomatic left upper extremity. Therefore, the request was not medically necessary.

### **NCV of The Bilateral Upper Extremities Qty 2: Upheld**

**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): 272.

**Decision rationale:** Similarly, the request for NCV testing of bilateral upper extremities was likewise 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 in the evaluation of applicants without symptoms is deemed not recommended. Here, the applicant's symptoms were seemingly confined to the symptomatic right upper extremity. The request for an NCV testing of the bilateral upper extremities to include testing of the seemingly asymptomatic left upper extremity, thus, is at odds with the MTUS position in ACOEM Chapter 11, page 272. Therefore, the request was not medically necessary.

### **Consultation with An Orthopedist, Right Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The request for consultation with an orthopedist was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 270, referral for hand surgery consultation is indicated for applicants who have failed to respond favorably to conservative treatment and have clear clinical and or

special study evidence of a lesion amenable to surgical correction. Here, however, there was no evidence that the applicant had a confirmed diagnosis of carpal tunnel syndrome. There was no evidence of the applicant's carrying a diagnosis which was amenable to surgical correction. ACOEM Chapter 11, page 270 further suggests referring those applicants without a clear indication for surgery to a physical medicine practitioner (as opposed to an orthopedic hand surgeon). Here, as noted previously, there was no evidence that the applicant had a lesion amenable to surgical correction. Therefore, the request was not medically necessary.

**Ultram/Tramadol HCL 150 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on multiple progress notes of early 2015, referenced above. The attending provider failed to outline either meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.