

Case Number:	CM13-0042970		
Date Assigned:	12/27/2013	Date of Injury:	12/02/2012
Decision Date:	04/13/2015	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 55-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, low back, mid back, and bilateral upper extremity pain reportedly associated with an industrial injury of December 2, 2012. In a Utilization Review Report dated October 17, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced an October 9, 2013 progress note in its determination. The MTUS Guideline in ACOEM Chapter 10 was referenced in the determination and, moreover, mislabeled as originating from the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. On June 20, 2013, the applicant reported ongoing complaints of neck pain radiating to the left hand and digits. Ancillary complaints of mid back pain, left shoulder pain, left elbow pain, and bilateral wrist pain were reported. Left knee pain was also evident. The applicant was apparently working as a dishwasher. The applicant exhibited a positive Tinel maneuver about the left wrist. A rather permissive 35-pound lifting limitation was endorsed, along with physical therapy, chiropractic therapy, and acupuncture. On October 9, 2013, the applicant reported ongoing complaints of neck, back, left shoulder, left elbow, bilateral wrist, and bilateral knee pain. The applicant was reportedly experiencing severe financial hardship. Positive Tinel and Phalen signs were appreciated bilaterally, with neck, mid back, and low back tenderness also noted. Hyposensorium was noted about the hands. Electrodiagnostic testing of bilateral upper extremities, MRI imaging of the cervical spine and MRI imaging of the left shoulder were proposed. The applicant's work restrictions were renewed. The remainder of the file was

surveyed. There was no clear evidence that the applicant had had earlier electrodiagnostic testing of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Yes, the request for electrodiagnostic testing of the bilateral upper extremities 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 or other conditions, such as cervical radiculopathy. Here, the applicant has ongoing complaints of neck pain, upper back pain, bilateral upper extremity pain, bilateral upper extremity paresthesias, etc. The applicant's presentation was most suggestive of bilateral carpal tunnel syndrome, the attending provider seemingly suggested. However, given the multiplicity of the applicant's symptoms, appropriate electrodiagnostic testing would be beneficial in helping to distinguish between carpal tunnel syndrome and other possible considerations. Therefore, the request was medically necessary.