

Case Number:	CM14-0140438		
Date Assigned:	09/10/2014	Date of Injury:	06/15/2014
Decision Date:	10/15/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for neck and elbow pain reportedly associated with an industrial injury of June 15, 2014. In a Utilization Review Report dated August 6, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The applicant's attorney subsequently appealed. In a July 22, 2014 progress note, the applicant apparently presented with complaints of neck, bilateral shoulder, left arm, left elbow, bilateral finger, and bilateral hand pain reportedly associated with cumulative trauma at work. The applicant also reported issues with headaches and sleep disturbance. The applicant stated that his fingers were "cramping." 5/5 bilateral upper extremity strength and limited bilateral shoulder range of motion were noted. Diminished sensorium was noted about the median nerve distribution bilaterally. The applicant was given diagnoses of overuse syndrome secondary to cumulative trauma, elbow epicondylitis, possible carpal tunnel syndrome, possible cubital tunnel syndrome, and/or chronic neck pain. Work restrictions were endorsed. It was suggested that the applicant was not working with said limitations in place. Trigger point injections were performed on July 2, 2014. On July 23, 2014, the applicant apparently transferred care to a new primary treating provider. Persistent complaints of neck pain radiating to the left arm were appreciated with bilateral hand pain (cramping)/paraesthesias. Positive Tinel signs were noted at the bilateral elbows with decreased sensation noted in the median nerve distribution of the bilateral arms. Electrodiagnostic testing of the bilateral upper extremities was endorsed to evaluate for possible radiculopathy, ulnar neuropathy, and/or carpal tunnel syndrome. The applicant was given work restrictions which were essentially resulting in the applicant's removal from the workplace, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) for Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG, Neck Chapter,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 11, page 261, Carpal Tunnel Syndrome section.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including the EMG testing at issue, can be employed to help differentiate between carpal tunnel syndrome and other possible diagnostic considerations, such as cervical radiculopathy. In this case, the applicant has multifocal, manifold complaints, including neck pain, shoulder pain, elbow pain, hand and wrist pain, digital paraesthesias, etc. Appropriate electrodiagnostic testing; thus, could help to differentiate between some of the possible diagnostic considerations, including ulnar neuropathy, median neuropathy, cervical radiculopathy, etc. Therefore, the request for Electromyogram (EMG) for Upper Extremities is medically necessary.

Nerve Conduction Velocity (NCV) for Upper Extremities: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 11, page 261, Carpal Tunnel Syndrome section

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including the nerve conduction testing at issue, can be employed to help differentiate between carpal tunnel syndrome and other diagnostic considerations, such as cervical radiculopathy. In this case, the applicant has elbow, shoulder, hand, and wrist pain with associated upper extremity paresthesias. Obtaining electrodiagnostic testing, including the nerve conduction testing at issue, would be beneficial in helping to distinguish between some of the suspected diagnoses/possible diagnoses. Therefore, the request Nerve Conduction Velocity (NCV) for Upper Extremities is medically necessary.