

Case Number:	CM13-0001367		
Date Assigned:	05/16/2014	Date of Injury:	05/10/2013
Decision Date:	06/11/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old female with an injury date of 05/10/13. Based on the 06/13/13 progress report provided by [REDACTED] the patient complains of intermittent moderate pain in her left shoulder, radiating to her left arm, hand level. The pain is associated with numbness, tingling, and muscle spasms. The patient also has intermittent back pain in her upper back, left side and this pain is associated with muscle spasms. No clear date was given for when a previous EMG/NCV was completed. She also had a positive Spurling test.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF UPPER EXTREMITIES: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 06/13/13 progress report, the patient presents with upper back strain, cervical strain, left shoulder strain, and scoliosis. The request is for electromyography and nerve conduction studies of upper extremities. A prior EMG/NCS was

conducted, however the patient is not sure of the results. For EMG, ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist. This patient did have a set of NCS earlier (no date mentioned) but ACOEM allows for repeat studies for persistent symptoms. Recommendation is for authorization.