

Case Number:	CM13-0002096		
Date Assigned:	12/11/2013	Date of Injury:	04/09/2013
Decision Date:	02/11/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 was a 32 year old female with complaints of neck, left sternoclavicular and left shoulder pain from an injury on 04/19/2013. The patient was documented to have gradual improvement of her cervical symptoms upon examination on 11/26/2013. The patient complained of symptoms being up and down to the left sternoclavicular. The patient was documented to have been participating in a home exercise program and stated she was successfully, gradually increasing her activity. The patient was taking Naprosyn 500mg and Gabapentin 100 mg in the morning and 300mg at bedtime with good outcome.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS - right upper extremity: Upheld

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 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for NCS - right upper extremity is non-certified. The guidelines recommend imaging studies for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and

observation fails to improve symptoms. The patient had documented improvement of her left arm symptoms. Furthermore, the patient presented with documented pain to the left shoulder, neck and arm. However, the request specified the right upper extremity. The documentation submitted for review did not address the right upper extremity. Given the information submitted for review the request for NCS - right upper extremity is non-certified.

EMG - right upper extremity: Upheld

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 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for EMG - right upper extremity is non-certified. The guidelines recommend imaging studies for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The patient had documented improvement of her left arm symptoms. Furthermore, the patient presented with documented pain to the left shoulder, neck and arm. However, the request specified the right upper extremity. The documentation submitted for review did not address the right upper extremity. Given the information submitted for review the request for EMG - right upper extremity is non-certified.