

Case Number:	CM13-0010088		
Date Assigned:	12/18/2013	Date of Injury:	01/02/1996
Decision Date:	03/07/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/16/2013

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 Family Practice and is licensed to practice in Texas. 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 is a 64-year-old female who reported a work-related injury on 01/02/1996. Physical exam of the patient revealed a weakness of ulnar-innervated muscles of the left upper extremity with decreased sensation to touch in pin and ulnar distribution. It was noted the patient had an EMG/NCV in the past with cervical radicular findings, and she had an abnormal shoulder and underwent posture/mechanics. She was noted to have signs and symptoms that correlate to ulnar nerve versus cervical radicular. A request has been made for EMG of left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California Medical Treatment Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Furthermore, criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue

insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There was no evidence given in the submitted clinical documentation that the patient had tried and failed conservative care for her upper extremity pain. Furthermore, there was no complete physical exam noted for the patient, to include physiologic evidence of tissue insult or neurologic dysfunction. The patient was noted to have had an EMG/NCV that revealed cervical radicular findings. There was no rationale provided for a repeat study on the patient. Given the above, the request for electromyography (EMG) of left upper extremity is non-certified.