MAXIMUS Federal Services

Case Number:	CM13-0018769		
Date Assigned:	11/06/2013	Date of Injury:	06/21/2012
Decision Date:	01/03/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

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 & Rehabilitation has a subspecialty in Pain Management and is licensed to practice in Maryland, Oklahoma and 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.

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 32-year-old female who reported injury on 06/21/2012 with the mechanism of injury being cumulative in nature. The patient was noted to have radicular pain, a normal sensory examination, and a normal fine motor examination. The patient's diagnoses were noted to include lumbar sprain, myalgia and myositis unspecified, neck sprain, carpal tunnel syndrome, radiculopathy thoracic or lumbar, and thoracic sprain. The request was made for a left upper extremity nerve conduction velocity and electromyography and an EMG/NCV of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) and electromyography (EMG) for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The clinical documentation submitted for review indicated the employee had an EMG/NCV study in 6/2012 which showed the employee had carpal tunnel syndrome. The examination dated 9/03/2013 revealed the employee had a normal sensory examination, axial

compression test, distraction test, and quadrant position test. The cervical spine evaluation revealed the employee had maximum tenderness and radicular pain in the left shoulder, right shoulder, paracervical, parascapular, suboccipital triangle on the right, and trapezius. The apprehension test was noted to be negative. The patient's gait was noted to be non-antalgic. CA MTUS Guidelines recommend electromyography and nerve conduction velocity tests when the patient has definitive neurologic findings on physical examination, including unequivocal findings that specify nerve compromise on the neurologic examination. The clinical documentation submitted for review indicated the employee had a normal sensory examination and there was a lack of documentation of myotomal findings to support the necessity for the level of diagnostic testing that is being requested. The request for EMG/NCV testing of the left upper extremity is not medically necessary and appropriate.

The EMG/NCV testing of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: CA MTUS Guidelines recommend electromyography and nerve conduction velocity tests when the patient has definitive neurologic findings on physical examination, including unequivocal findings that specify nerve compromise on the neurologic examination. The clinical documentation submitted for review indicated the employee had a normal sensory examination and there was a lack of documentation of myotomal findings to support the necessity for the level of diagnostic testing that is being requested. The request for EMG/NCV testing of the right upper extremity is not medically necessary and appropriate.