

Case Number:	CM13-0020960		
Date Assigned:	05/21/2014	Date of Injury:	07/28/2011
Decision Date:	07/11/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/05/2013

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 Internal 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 injured worker is a 34-year-old male who sustained an injury to his bilateral shoulders on 07/28/12. The mechanism of injury was not documented. The injured worker reported bilateral shoulder pain, left greater than right. There was no indication of overhead pain. The injured worker also reported right wrist/elbow pain. Physical examination noted positive Tinel's sign right; positive tenderness to palpation of the radial epicondyle; right wrist tenderness to palpation of the dorsal wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG).

Decision rationale: The request for electromyography (EMG) right upper extremities is not medically necessary. There were no prior imaging studies provided for review that would correlate with physical examination findings of an active radiculopathy at any level. Physical

examination has not produce any neurological findings suggestive of possible cervical radiculopathy or peripheral neuropathy. Given ODG, and the clinical documentation submitted for review, medical necessity of the request for electromyography (EMG) right upper extremities has not been established.

EMG (ELECTROMYOGRAPHY) RIGHT UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG).

Decision rationale: The request for electromyography (EMG) right upper extremities is not medically necessary. There were no prior imaging studies provided for review that would correlate with physical examination findings of an active radiculopathy at any level. Physical examination and not produce any neurological findings suggestive of possible cervical radiculopathy or peripheral neuropathy. Given ODG, and the clinical documentation submitted for review, medical necessity of the request for electromyography (EMG) right upper extremities has not been established.

NCV RIGHT UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS).

Decision rationale: The request for Nerve Conduction Velocity (NCV) test right upper extremities is not medically necessary. There were no prior imaging studies provided for review that would correlate with physical examination findings of an active radiculopathy at any level. Physical examination and not produce any neurological findings suggestive of possible cervical radiculopathy or peripheral neuropathy. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Given ODG, and the clinical documentation submitted for review, medical necessity of the request for Nerve Conduction Velocity (NCV) test right upper extremities has not been established.

NCV(NERVE CONDUCTION VELOCITY) LEFT UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS).

Decision rationale: The request for Nerve Conduction Velocity (NCV) test left upper extremities is not medically necessary. There were no prior imaging studies provided for review that would correlate with physical examination findings of an active radiculopathy at any level. Physical examination and not produce any neurological findings suggestive of possible cervical radiculopathy or peripheral neuropathy. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Given ODG, and the clinical documentation submitted for review, medical necessity of the request for Nerve Conduction Velocity (NCV) test left upper extremities has not been established.