

Case Number:	CM13-0025673		
Date Assigned:	11/20/2013	Date of Injury:	06/07/2013
Decision Date:	01/06/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 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:

61 y.o female with injury from 6/7/13 from falling out of a chair landing on concrete, suffered injuries to both hands, shoulder, arms and low back. The request for EMG/NCV studies of the upper extremities were denied as the request was within 6 week time period and there were lack of any conservative treatments. The letter of denial from 8/26/13 was reviewed. The records include therapy note from 10/11/13, 9/19/13. There is also a progress note from 7/22/13 but this note pertain's to the patient's labs and lists diagnoses of shoulder, hands, forearm, elbow strains. It also states that the patient started having left leg pains as well. Other notes are weekly notes from July 2013. They include documentation of numbness and tingling of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and Nerve Conducting (NCS) study: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient appears to experience continued symptoms of the upper extremities throughout July 2013, over a month following the injury. It appears reasonable to

obtain electrodiagnostic studies of the upper extremities at this time for further evaluation of the symptoms. The ACOEM Guidelines supports it at this time.