

Case Number:	CM13-0029689		
Date Assigned:	11/01/2013	Date of Injury:	03/12/2013
Decision Date:	03/06/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/25/2013

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 Internal Medicine and is licensed to practice in Rhode Island. 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 beneficiary is a 44 year old female with a date of injury of 3/12/13. She had a slip and fall at work. She has had pain in neck and right shoulder area since that time. She has had chiropractic care. She has a history of anxiety and depression. There is no weakness of the upper extremities. She is on pain control medication. The exam shows full ROM neck, tenderness over right trapezius and paraspinal muscles, AC joint and biceps tendon. Positive impingement on right. No findings on left upper extremity. No weakness on right. Reflexes 2 plus with no sensory level on right upper extremity. An MRI cervical spine shows only spondylosis. The request is for NCS and EMG on both 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 conduction velocity (NCV) testing for the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: ACOEM guidelines recommend the above studies for determining etiology of neurologic deficit, sensory neuropathy, radiculopathy or other when the etiology is unclear. The beneficiary has not demonstrated equivocal findings that would make EMG/NCV of diagnostic value. There is no weakness or loss of reflex, sensory level demonstrated. There are no MRI cervical spine findings. The beneficiary has not met the above criteria and the EMG/NCV is medically not necessary.