MAXIMUS Federal Services

Case Number:	CM13-0033347		
Date Assigned:	12/06/2013	Date of Injury:	01/03/2008
Decision Date:	03/18/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 Pain 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 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 61 year old female who sustained injury to the neck and shoulder on 01/03/2008 and is diagnosed with chronic neck pain, degenerative joint disease of cervical spine and status post shoulder surgery. EMG/NCS dated 02/15/2013 of bilateral upper extremity showed (1) Prolonged bilateral median sensory distal latencies (2) Normal EMG of the muscles tested in the right upper extremity. Interpretation: Abnormal study. There is electrophysiologic evidence of mild bilateral median mononeuropathy with entrapment at the wrist as can be seen with carpal tunnel syndrome. There is no electrophysiologic evidence of a right axon loss cervical radiculopathy, brachial plexopathy, or peripheral neuropathy. A note dated 06/24/2013 indicates subjective complaints of frequent intermittent aching pain in the posterior neck, upper trapezius and both shoulders. No significant improvement in the numbness and tingling at the hands as well as weakness with grip strength since 1/13. Tenderness to palpation with guarding at the paracervical muscles. Tenderness to palpation with guarding. Restricted range of motion globally. Deferred Spurling test today. Motor and sensation within normal limits except has distorted sensation to light touch in a median nerve distribution from the mid-forearm distally. Decreased grip strength. Patient examined on 06/24/2013. There is a request for authorization for EMG/NCS of bilateral upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS BUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Neck & Upper Back (Acute and Chronic), Electromyography (EMG) & Nerve conduction studies (NCS)

Decision rationale: This patient was diagnosed with chronic neck and bilateral shoulder pain, chronic headaches and complaints of numbness and tingling in hands. A prior EMG/NCS of UEs dated 02/15/2013 showed mild bilateral median mononeuropathy with entrapment at the wrist. The provider reported "motor and sensation within normal limits except has distorted sensation to light touch in a median nerve distribution from the mid-forearm distally." As per the CA MTUS guidelines, EMG/NCS is recommended for unequivocal findings that identify specific nerve compromise on the neurologic examination. A previous study dated 02/15/2013 confirmed mild bilateral median nerve neuropathy and no evidence of cervical radiculopathy. There is no evidence of progressive neurological deficits documented since the last study. Therefore, a repeat EMG/NCS of bilateral upper extremities is non-certified.