

Case Number:	CM13-0035595		
Date Assigned:	12/13/2013	Date of Injury:	02/28/2012
Decision Date:	02/11/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery 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 claimant is a 47-year-old female with a reported injury date of October 13, 2010 and February 28, 2012. The patient reported an electrocution injury from her right hand extending to her left upper extremity on February 28, 2012 after she opened an electronically controlled door. An MRI of the left brachial plexus was unremarkable in August 2012. The patient later reported neck complaints and was diagnosed with cervical radiculopathy as well as other issues. Notably, the patient had a previous motor vehicle accident in 1999 with a neck injury. The patient reported neck complaints and denied numbness or tingling in either upper extremity in June 2013. Her prior numbness and tingling was noted to have subsided a couple of months after her injury. She had normal strength, sensation and reflexes at that time. Radiographs of the cervical spine showed only mild narrowing at C4-C5. More recently, the patient was noted to have increase pain, numbness and tingling in her left arm, according to her report. On July 10, 2013, she was noted to have reduced sensation in both upper extremities, though her sensory disturbances were not given in a specific nerve root or peripheral nerve pattern. Her strength was noted to be "satisfactory." Repeat electrodiagnostic studies were recommended even though prior diagnostic studies were negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Electrodiagnostic studies of the upper extremity (EMG-NCS): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-179.

Decision rationale: Repeat electrodiagnostic studies of the upper extremity cannot be recommended as medically necessary. Despite reports of recurrent symptoms of numbness and tingling in the extremities, the complaints are not noted in any specific dermatomal pattern, they do not correlate with objective findings of weakness or reflex abnormality, there is no indication that the patient has additional trauma or a change in objective physical exam findings between the time of the previous electrodiagnostic studies and the current request. Accordingly, there is no indication for repeat electrodiagnostic studies at this time based on the information reviewed.