

Case Number:	CM13-0044276		
Date Assigned:	12/27/2013	Date of Injury:	03/13/2003
Decision Date:	03/05/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/28/2013

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 and is licensed to practice in Ohio and Texas. 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 49-year-old male who reported an injury on 03/13/2013 after a fall that caused injury to the patient's cervical spine. The patient ultimately underwent a cervical fusion at the C4-5 level. The patient's most recent clinical examination revealed tenderness to palpation and muscle spasming of the upper trapezius musculature, pain with range of motion and chronic complaints of dysphasia. The patient's diagnoses included dysphasia with functional level pathology at C6-7, status post left knee shoulder arthroscopy, left hip sprain and left knee pain as the result of a recent fall. The patient's treatment plan included an electrodiagnostic study to establish neurological dysfunction causing the patient's chronic dysphasia.

IMR ISSUES, DECISIONS AND RATIONALES

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

An EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested EMG/NCV of the bilateral upper extremities is not medically necessary or appropriate. The clinical documentation submitted for review does provide

evidence that the patient has dysphasia that is possibly related to the patient's cervical injury and subsequent surgery. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies, such as electromyography, for patients who have evidence of neurological deficits that need further investigation. However, the American College of Occupational and Environmental Medicine recommends nerve conduction studies for the upper extremities when there is evidence of a peripheral neuropathy. The clinical documentation submitted for review does not provide any evidence of peripheral neuropathy. Therefore, the need for a nerve conduction study was not indicated. As the request is for an EMG/NCV for the bilateral upper extremities, the entire request would not be supported. As such, the requested EMG/NCV for the bilateral upper extremities is not medically necessary or appropriate.