

Case Number:	CM13-0045709		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2013
Decision Date:	04/30/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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 an employee of [REDACTED] and has submitted a claim for neck, right shoulder, bilateral wrist, and thumb pain with an industrial injury date of August 1, 2013. Treatment to date has included medications, physical therapy, and acupuncture. Utilization review from October 9, 2013 denied the request for EMG, right upper extremity and NCV, right upper extremity because the patient was not presented as having radiculopathy. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck, right shoulder, bilateral wrist, and thumb pain. He also had numbness of the palm of the right hand. On physical examination, both volar aspects of the wrists were tender. The thumb showed very limited motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the ACOEM Practice Guidelines, the criteria for EMG/NCV of the upper extremity include documentation of subjective objective findings consistent with radiculopathy/ nerve entrapment that has not responded to conservative treatment. In this case, the patient only complained of numbness of the right hand however, radiating or shooting pain, characteristic of radiculopathy was not documented. In addition, a complete neurologic examination showing objective findings of radiculopathy or nerve entrapment was not reported. Therefore, the request for EMG RIGHT UPPER EXTREMITY is not medically necessary.