

Case Number:	CM13-0047855		
Date Assigned:	12/27/2013	Date of Injury:	08/21/2003
Decision Date:	04/21/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 40 year old male who sustained a work related injury on 08/21/2006. The mechanism of injury was not provided for review. His diagnoses are chronic neck pain, Final Determination Letter for IMR Case Number CM13-0047855 3 headaches, right shoulder strain, cubital tunnel syndrome and DeQuervain's tendonitis of the right hand and wrist. He complains of tingling, pain, and weakness in the hands. On exam there is right cervical-thoracic tenderness and hypertonicity. There is decreased sensation on the right at C5-C8. Exam of the right shoulder reveals intact range of motion with crepitus. Treatment includes medical therapy with Tramadol. The treating provider has requested NCV/EMG of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179, 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for

EMG/NCV testing; Medscape Internal Medicine: Nerve conduction / Electromyography Testing 2012.

Decision rationale: There is no documentation provided necessitating NCV of the left upper extremity. Per the medical documentation the objective neurologic findings on exam involve the right upper extremity only. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

EMG LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179, 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for EMG/NCV testing; Medscape Internal Medicine: Nerve conduction / Electromyography Testing 2012.

Decision rationale: There is no documentation provided necessitating EMG of the left upper extremity. Per the medical documentation the objective neurologic findings on exam involve the right upper extremity only. EMG and nerve conduction studies are an extension of the physical Final Determination Letter for IMR Case Number CM13-0047855 4 examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

EMG OF THE RIGHT UPPER EXTREMITY:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179, 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for EMG/NCV testing 2010

Decision rationale: There is documentation provided necessitating EMG of the right upper extremity. Per the medical documentation the objective neurologic findings on exam involve the right upper extremity only. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle

problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Medical necessity for the requested item has been established. The requested item is medically necessary.

NCV OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179, 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

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