MAXIMUS Federal Services

Case Number:	CM13-0050507		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2013
Decision Date:	03/12/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	11/13/2013

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 51-year-old injured worker who sustained a work related injury on 07/15/2013, due to performing repetitive task at work. A clinic note dated 08/28/2013 by [redacted] indicates that the patient presented with right shoulder pain, right chest wall pain, right upper extremity pain, and neck pain. The patient rated pain as 6-7/10 with worsening of symptoms after prolonged repetitive activities. The patient reported numbness and tingling sensation in their fingers and denied any bowel or bladder symptoms. On exam of the neck and upper extremities, there was no erythema, swelling or warmth of the bilateral wrist joints. ROM of wrists was 50 to 60% passively. Phalen sign was negative bilaterally. Tinel sign was questionable at the right wrist as well as the elbow. Bilateral elbow ROM was normal. There was tenderness over right AC joint. Bilateral shoulder abduction was 70-80%. Neck flexion and extension was 50-60%. Examination of the neck revealed cervical paraspinal muscle spasms with tender areas over right trapezius muscle, right sternoclavicular joint and first intercostal space. There was no evidence of edema, erythema, muscle atrophy or dystrophy. Sensation testing was normal in both upper extremities over the dermatomes. Motor strength exam was 5/5 in bilateral upper extremities. DTRs were 2+ and symmetric bilaterally. Treatment plan was an additional 6 sessions of physical therapy to improve function and ability. The patient was prescribed Relafen 500 mg. The current review is for EMG/NCS testing for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS testing for the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the referenced guidelines, physiologic evidence of definitive neurologic findings on physical examination must be present. The provider's note dated 08/28/2013 documents tenderness and ROM deficits but there is no evidence of muscle atrophy or dystrophy, normal sensation in both upper extremities, motor strength of 5/5 in bilateral upper extremities, and DTRs were 2+ and symmetric bilaterally. The request for EMG/NCS for the right upper extremity is not medically necessary and appropriate