

Case Number:	CM13-0054587		
Date Assigned:	12/30/2013	Date of Injury:	07/12/2012
Decision Date:	03/17/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/19/2013

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54 year old female with a 7/12/12 date of injury. At the time of request for authorization for EMG/NCV bilateral upper extremities, there is documentation of subjective (neck pain radiating down the right upper extremity with numbness and tingling) and objective (decreased range of motion of the cervical spine, paresthesias of the right ulnar forearm, decreased sensation in the ulnar half of the right palm, tenderness over the base of the occiput, positive impingement sign, positive Hawkin's, and positive Speed's test) findings, special study (EMG/NCV (10/30/12) report revealed right ulnar neuropathy across the elbow, right median nerve neuropathy at the wrist, mild left ulnar neuropathy across the elbow, and no electrodiagnostic evidence of generalized peripheral neuropathy or denervation in the upper extremity nerves and muscles), current diagnoses (cervical strain with radiculopathy, bilateral shoulder strain with osteoarthritis, cephalgia with tinnitus, and lumbar strain), and treatment to date (cervical pillow, physical therapy, and medications). There is no documentation of an interval injury or progressive neurologic findings following the initial study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 8 Neck and Upper Back Complaints Page(s): 33 and 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Minnesota Rules, PARAMETERS FOR MEDICAL IMAGING

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies documentation of an interval injury with new or progressive neurologic findings, as criteria necessary to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of cervical strain with radiculopathy, bilateral shoulder strain with osteoarthritis, cephalgia with tinnitus, and lumbar strain. In addition, there is documentation of a 10/30/12 EMG/NCV report identifying right ulnar neuropathy across the elbow, right median nerve neuropathy at the wrist, mild left ulnar neuropathy across the elbow, and no electrodiagnostic evidence of generalized peripheral neuropathy or denervation in the upper extremity nerves and muscles. However, there is no documentation of an interval injury with new or progressive neurologic findings following the initial study. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV bilateral upper extremities is not medically necessary.