

Case Number:	CM13-0055858		
Date Assigned:	12/30/2013	Date of Injury:	05/07/2012
Decision Date:	05/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/21/2013

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 Orthopedic Surgery 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 claimant is a 49-year-old female who was injured in work related accident on May 7, 2012. A September 9, 2013, orthopedic assessment provided for review documented neck complaints with shooting pain to the upper extremities and hands. Physical examination findings showed bilateral: diminished C-5 dermatomal sensation with diminished grip strength; positive impingement and Hawkins testing to the shoulders; and tenderness to the lateral epicondyles. Wrist examination also showed evidence of positive Phalen's and reverse Phalen's testing. The claimant was diagnosed with cervical radiculopathy, bilateral wrist tendinosis, thoracic strain, elbow tendinosis and shoulder rotator cuff tearing. Records document treatment with formal physical therapy, medication management and activity modification. This request is for bilateral upper extremity electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to California ACOEM Guidelines, electrodiagnostic testing to the left upper extremity would be indicated as medically necessary. The claimant has positive neurologic findings that would support both a radicular and median nerve compression. Given the claimant's ongoing clinical complaints, positive objective findings and recent failed care, the acute need for electrodiagnostic studies would be medically necessary.

NCV OF THE LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to California ACOEM Guidelines, electrodiagnostic testing to the left upper extremity would be indicated as medically necessary. The claimant has positive neurologic findings that would support both a radicular process and median nerve compression. Given the claimant's ongoing clinical complaints, positive objective findings and recent failed care, the acute need for electrodiagnostic studies would be medically necessary.

NCV OF THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to California ACOEM Guidelines, electrodiagnostic testing to the right upper extremity would be indicated as medically necessary. The claimant has positive neurologic findings that would support both a radicular process and median nerve compression. Given the claimant's ongoing clinical complaints, positive objective findings and recent failed care, the acute need for electrodiagnostic studies would be medically necessary.

EMG OF THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to California ACOEM Guidelines, electrodiagnostic testing to the right upper extremity would be indicated as medically necessary. The claimant has positive neurologic findings that would support both a radicular process and median nerve compression.

Given the claimant's ongoing clinical complaints, positive objective findings and recent failed care, the acute need for electrodiagnostic studies would be medically necessary.