

Case Number:	CM13-0060082		
Date Assigned:	12/30/2013	Date of Injury:	08/07/2012
Decision Date:	05/12/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine and Pulmonary Diseases, 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 injured worker is a 31-year-old female who reported injury on 08/07/2012. The mechanism of injury was the injured worker was moving a box of paper from a shelf and the box came forward suddenly and dropped with the injured worker's fingers still wrapped around the strapping. The full weight of the box pulled the injured worker's arm down with a pulling painful sensation. The injured worker had physical therapy that did not help, took medications and wore a sling. The injured worker was noted to have an MRI which revealed RAS tendonitis in the clavicle and ligaments. PR-2 of 10/17/2013 revealed the injured worker had electrodiagnostic studies that were normal. The injured worker was noted to have ongoing left upper extremity cramping, pain of the neck and pectoral area along with numbness. The injured worker was noted to drop things. The injured worker noted it helped when she was up but after a while the injured worker had pain/numbness of the hand. The physical examination of the upper extremities revealed the injured worker's left arm was in a sling. The injured worker had giveaway weakness of the biceps in abduction in the left shoulder. The injured worker had decreased strength in the long finger flexors and a weaker grip on the left compared to the right. Tinel's sign was negative for the left ulnar nerve at the elbow and at the left radial nerve at the wrist but was positive for left median nerve at the wrist. The injured worker indicated that she had tenderness in soft tissues along the medial aspect of the upper arm. Sensation was normal in all of the major dermatomes of the upper extremity. The injured worker's diagnosis included cervicalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF THE LEFT UPPER EXTREMITY: Upheld

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

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

Decision rationale: The ACOEM guidelines indicate that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review dated 10/17/2013 revealed the injured worker had electrodiagnostic studies that were normal. The electrodiagnostic study was not provided for review. There was a lack of documentation indicating a necessity for a repeat study. Given the above, the request for an NCV of the left upper extremity is not medically necessary.

EMG OF THE LEFT UPPER EXTREMITY: Upheld

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

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

Decision rationale: The ACOEM guidelines indicate that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review dated 10/17/2013 revealed the injured worker had electrodiagnostic studies that were normal. The electrodiagnostic study was not provided for review. There was a lack of documentation indicating a necessity for a repeat study. The injured worker had objective findings upon examination to support an EMG. Given the above, the request for an EMG of the left upper extremity is not medically necessary.