

Case Number:	CM13-0062800		
Date Assigned:	12/30/2013	Date of Injury:	01/23/2013
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 patient is a 22-year-old female who reported an injury on 01/23/2013. The patient is currently diagnosed with a shoulder sprain. A request for authorization was submitted by [REDACTED] on 11/14/2013 for an EMG/NCV of bilateral upper extremities. However, the only documentation submitted by [REDACTED] for this review is an incomplete primary treating physician evaluation dated 10/24/2013. The patient reported low back pain with left shoulder pain and headaches. Physical examination revealed full, pain free range of motion of bilateral upper extremities with intact sensation and symmetrical deep tendon reflexes. Treatment recommendations on that date are unknown, as the progress report is incomplete.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION VELOCITY (NCV) TESTING ON THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination revealed full and pain free range of motion of bilateral upper extremities with normal strength testing, intact sensation, and symmetrical deep tendon reflexes. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.