Case Number:	CM13-0065167		
Date Assigned:	01/03/2014	**Date of Injury:**	09/06/2011
Decision Date:	06/09/2014	**UR Denial Date:**	11/25/2013
Priority:	Standard	**Application Received:**	12/12/2013

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 and 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 injured worker is a 33-year-old who reported an injury on July 5, 2011. The mechanism of injury was not specifically stated. Current diagnoses include chronic pain, lesion of the radial nerve, and lesion of the ulnar nerve. The injured worker was evaluated on November 15, 2013. The injured worker reported severe pain and burning in the right upper extremity despite physical therapy. It is noted that the injured worker previously underwent an MRI of the forearm on an unknown date, which revealed unremarkable findings. Physical examination on that date revealed diminished sensation and hyperpathia in the right forearm, with otherwise normal findings. Treatment recommendations at that time included a repeat electrodiagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The Neck and Upper Back Complaints Chapter of the 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 three or four weeks. As per the documentation submitted, the injured worker does report persistent pain and burning in the right upper extremity. The injured worker's physical examination does reveal diminished sensation and hyperpathia in the right forearm. The injured worker's physical examination reveals otherwise normal findings. Motor examination and reflexes were symmetrical and intact. It is also noted, the injured worker underwent electrodiagnostic studies of the right upper extremity on an unknown date. However, the previous electrodiagnostic study was not provided for review. Therefore, the medical necessity for a repeat study at this time has not been established. The request for an EMG of the upper right extremity is not medically necessary or appropriate.

NCS OF RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The Neck and Upper Back Complaints Chapter of the 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 three or four weeks. As per the documentation submitted, the injured worker does report persistent pain and burning in the right upper extremity. The injured worker's physical examination does reveal diminished sensation and hyperpathia in the right forearm. The injured worker's physical examination reveals otherwise normal findings. Motor examination and reflexes were symmetrical and intact. It is also noted, the injured worker underwent electrodiagnostic studies of the right upper extremity on an unknown date. However, the previous electrodiagnostic study was not provided for review. Therefore, the medical necessity for a repeat study at this time has not been established. The request for an NCS of the upper right extremity is not medically necessary or appropriate.