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| Case Number: | CM13-0065674 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 04/02/2013 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/10/2013 |

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, has a subspecialty in Interventional Spine 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:

This is a 58 year-old female with a 4/2/13 cumulative trauma industrial injury claim. She has been diagnosed with cervical sprain with bilateral upper extremity symptoms and right carpal tunnel syndrome. According to the 10/28/13 orthopedic report from [REDACTED], she presents with 1-7/10 pain in her hands, and when she feels numbness, shaking her hands and clenching her fists seem to help improve the condition. [REDACTED] notes subjective paresthesia in the median nerve distribution both hands. Tinels negative, good distal pulses, capillary refill and full motion. He recommends MRI of the cervical spine and EMG/NCV of the upper extremities. On 12/6/13 UR separated the EMG/NCV BUE request into 4 individual requests EMG right and left, and NCV right and left, and denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,260-262.

Decision rationale: The patient presents with gradual onset of neck and bilateral upper extremity pain and paresthesia from a cumulative trauma injury. The orthopedist suspects bilateral cervical radiculopathy versus bilateral carpal tunnel syndrome. There are no prior electrodiagnostic studies provided for this IMR. The symptoms have been present for over 4-weeks. I have been asked to review for NCV RUE. MTUS/ACOEM guidelines state: "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 NCV of the right upper extremity is in accordance with the MTUS/ACOEM guidelines.

EMG LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,260-262.

Decision rationale: The patient presents with gradual onset of neck and bilateral upper extremity pain and paresthesia from a cumulative trauma injury. The orthopedist suspects bilateral cervical radiculopathy versus bilateral carpal tunnel syndrome. There are no prior electrodiagnostic studies provided for this IMR. The symptoms have been present for over 4-weeks. I have been asked to review for EMG LUE. MTUS/ACOEM guidelines state: "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 EMG of the left upper extremity is in accordance with the MTUS/ACOEM guidelines.

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