

Case Number:	CM13-0067585		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2012
Decision Date:	07/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 injured worker is a 42-year-old female who reported an injury on 08/14/2012. The mechanism of injury was noted to be separating frozen meat. The injured worker's prior treatments were noted to be medications, transcutaneous electrical nerve stimulation, acupuncture, home exercise program, physical therapy, and functional restoration. The injured worker's diagnoses were noted to be cervical spine sprain/strain, cervical radiculitis, cervical spine disc protrusions, myospasms, right hand/wrist sprain/strain, and clinical carpal tunnel syndrome. The injured worker had a clinical evaluation on 12/02/2013. The injured worker had complaints of upper back pain, which she rated as moderate. She indicated radiation of pain to her bilateral upper extremities to the level of the shoulders. The injured worker noted no numbness or tingling; however, she did note twisting, turning, and bending caused increased pain and headaches. The physical examination noted the injured worker with hyperhidrosis. It was indicated the injured worker had tenderness and spasms bilaterally over the trapezius, rhomboids, and suboccipital regions. There was spinous process tenderness from C4 through C6. The injured worker had limited range of motion secondary to pain. The injured worker had tenderness to palpation over the radiocarpal joint. She had full range of motion with pain at end ranges. The injured worker had a positive Phalen's, Finkelstein's, and carpal tunnel test. The treatment plan included continuing acupuncture and a request for an EMG/NCV of the bilateral upper extremities. The provider's rationale for the request was provided within the documentation dated 12/02/2013. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF 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: The California MTUS/American College of Occupational and Environmental Medicine state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted for review does not provide an adequate neurological assessment. The examination fails to indicate decreased reflexes, decreased strength, nor does it provide details for decreased sensation to specific dermatomes. Therefore, the request for Electromyography (EMG) of the bilateral upper extremities is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) OF 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: The California MTUS/American College of Occupational and Environmental Medicine state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted for review fails to provide a thorough neurological assessment. The examination does not indicate decreased reflexes, decreased strength, or decreased sensation to a specific dermatome. Due to the examination being unclear, according to the Guidelines an NCV is not medically necessary. Therefore, the request for Nerve Conduction Velocity (NCV) of the bilateral upper extremities is not medically necessary and appropriate.