MAXIMUS Federal Services

Case Number:	CM13-0068031		
Date Assigned:	05/07/2014	Date of Injury:	04/20/2012
Decision Date:	07/09/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 Neurology, 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 (IW) is a 52 YO female who reports her date on injury to have occurred on 4/20/2012. The injury was sustained as a result of lifting objects overhead. The IW reports pain in the cervical spine and shoulder with radiating pain to the left index finger and thumb. The IW has had a left shoulder arthroscopy performed and is reporting this pain has improved. The physical examination from April 2014 indicates mild sensory changes in the left cervical spine dermatomes, but normal reflexes and normal power examination. There is no evidence of carpal tunnel syndrome based on the Tinel's or Phalen's test during this examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: The MTUS recommends obtaining further studies including and Nerve conduction studies and Electromyography when the Neurological examination is less clear. The patient does not demonstrate abnormal reflexes and her upper extremity motor (power) exam is normal from her exam in April 2014. She also does not demonstrate any cervical spine

abnormalities (Spurling's or compression test) on exam that are unclear that would justify further investigation would EMG or nerve conduction studies.

NCV OF CERVICAL SPINE.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: The MTUS recommends obtaining further studies including and Nerve conduction studies and Electromyography when the Neurological examination is less clear. The patient does not demonstrate abnormal reflexes and her upper extremity motor (power) exam is normal from her exam in April 2014. She also does not demonstrate any cervical spine abnormalities (Spurling's or compression test) on exam that are unclear that would justify further investigation would EMG or nerve conduction studies.

EMG OF LEFT UPPER EXTREMITY.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: In this case, the IW does not have reproducible clinical symptoms of carpal tunnel syndrome (based on a Tinel's test or Phalen's test as reported on her physical examination from April 2014.) The MTUS recommends electrodiagnostic testing in cases of suspected carpal tunnel syndrome, however, in this case the physical exam does not indicate the IW as having carpal tunnel syndrome. The patient also demonstrates normal power in the rest of the left upper extremity exam with normal reflexes (April 2014), therefore there is no additional need for a nerve conduction study or electromyography for the left upper extremity.

NCV OF LEFT UPPER EXTREMITY.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: In this case, the IW does not have reproducible clinical symptoms of carpal tunnel syndrome (based on a Tinel's test or Phalen's test as reported on her physical examination from April 2014.) The MTUS recommends electrodiagnostic testing in cases of suspected carpal tunnel syndrome, however, in this case the physical exam does not indicate the IW as having carpal tunnel syndrome. The patient also demonstrates normal power in the rest of the left upper extremity exam with normal reflexes (April 2014), therefore there is no additional need for a nerve conduction study or electromyography for the left upper extremity.