MAXIMUS Federal Services

Case Number:	CM13-0068397		
Date Assigned:	01/03/2014	Date of Injury:	06/26/2012
Decision Date:	05/28/2014	UR Denial Date:	11/20/2013
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 06/26/2012. The mechanism of injury was not stated. Current diagnoses include myofascial sprain/strain of the cervical spine, possible degenerative disc disease, cervical radiculopathy, bilateral wrist pain, lateral epicondylitis, and rule out carpal tunnel syndrome. The injured worker was evaluated on 08/05/2013. The injured worker reported 5/10 pain in the neck, bilateral arms, bilateral elbows, and bilateral wrists. Physical examination revealed tenderness in the cervical spine and paraspinal muscles, painful range of motion, tenderness in the lateral epicondyle, painful range of motion of bilateral elbows, tenderness in bilateral wrists on the ulnar side, painful range of motion of bilateral wrists, 5/5 motor strength, intact sensation, and 2+ deep tendon reflexes. Treatment recommendations included an EMG/nerve conduction study of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

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

Decision rationale: The 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 injured worker demonstrated 5/5 motor strength, intact sensation, and 2+ deep tendon reflexes bilaterally. The injured worker also demonstrated normal range of motion of bilateral upper extremities and cervical spine. There is no evidence of a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic studies. Therefore, the request for EMG Right Upper Extremity is not medically necessary and appropriate.

NCV LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation MTUS: ACOEM: NECK AND UPPER BACK COMPLAINTS, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 177-179

Decision rationale: The 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 injured worker demonstrated 5/5 motor strength, intact sensation, and 2+ deep tendon reflexes bilaterally. The injured worker also demonstrated normal range of motion of bilateral upper extremities and cervical spine. There is no evidence of a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic studies. Therefore, the request for NCV Left Upper Extremity is not medically necessary and appropriate.

NCV RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation MTUS: ACOEM: NECK AND UPPER BACK COMPLAINTS, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 177-179

Decision rationale: The 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 injured worker demonstrated 5/5 motor strength, intact sensation, and 2+ deep

tendon reflexes bilaterally. The injured worker also demonstrated normal range of motion of bilateral upper extremities and cervical spine. There is no evidence of a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic studies. Therefore, the request for NCV Right Upper Extremity is not medically necessary and appropriate.

EMG LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 181-183, 601-602. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back - Electromyography (EMG) and Carpal Tunnel Syndrome- Electromyography (EMG).

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

Decision rationale: The 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 injured worker demonstrated 5/5 motor strength, intact sensation, and 2+ deep tendon reflexes bilaterally. The injured worker also demonstrated normal range of motion of bilateral upper extremities and cervical spine. There is no evidence of a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic studies. Therefore, the request for EMG Left Upper Extremity is not medically necessary and appropriate.