

Case Number:	CM13-0071381		
Date Assigned:	01/08/2014	Date of Injury:	05/05/2013
Decision Date:	08/14/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Pain Management 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 patient is a 26 year old female with an injury date of 05/05/13. Based on the 10/15/13 progress report provided by [REDACTED], the patient complains of a cervical spine pain, right shoulder pain, and right wrist pain. The patient has burning, radicular neck pain with muscle spasms and a burning right wrist pain with muscle spasms. The patient has tenderness to palpation over the paraspinal muscles as well as over the delto-pectoral groove and on the insertion of the supraspinatus muscle. There is also tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. The patient's diagnoses include the following: 1. Cervical spine sprain and strain. 2. Right shoulder internal derangement. 3. Right wrist carpal tunnel syndrome. The request is for the following: 1. EMG left upper extremity 958602. NCV left upper extremity 959073. NCV right upper extremity 959074. EMG right upper extremity 95860. The utilization review determination being challenged is dated 12/16/13. The provided treatment reports ranged from 05/06/13- 10/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT UPPER EXTREMITY 95860: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to 10/15/13 report by [REDACTED], the patient presents with cervical spine pain, right shoulder pain, and right wrist pain. The request is for an EMG of the left upper extremity. The report with the request was not provided. Review of the reports do not provide any previous EMG's that may have been conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." An EMG may help the provider pinpoint the cause and location of the patient's symptoms. Recommendation is medically necessary.

NCV LEFT UPPER EXTREMITY 95907: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to 10/15/13 report by [REDACTED], the patient presents with cervical spine pain, right shoulder pain, and right wrist pain. The request is for a NCV of the left upper extremity. The report with the request was not provided. Review of the reports do not provide any previous NCV's that may have been conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." A NCV may help the provider pinpoint the cause and location of the patient's symptoms. Recommendation is medically necessary.

NCV RIGHT UPPER EXTREMITY 95907: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to 10/15/13 report by [REDACTED], the patient presents with cervical spine pain, right shoulder pain, and right wrist pain. The request is for a NCV of the right upper extremity. The report with the request was not provided. Review of the reports do not provide any previous NCV's that may have been conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of

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EMG RIGHT UPPER EXTREMITY 95860: Overturned

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Decision rationale: According to 10/15/13 report by [REDACTED], the patient presents with cervical spine pain, right shoulder pain, and right wrist pain. The request is for an EMG of the right upper extremity. The report with the request was not provided. Review of the reports do not provide any previous EMG's that may have been conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." An EMG may help the provider pinpoint the cause and location of the patient's symptoms. Recommendation is medically necessary.