

Case Number:	CM13-0071465		
Date Assigned:	01/08/2014	Date of Injury:	11/15/2013
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 31 year old female who reported an injury on 11/15/2013. The mechanism of injury was reported as repetitive movements. The clinical note dated 12/07/2013 showed the injured worker complained of neck pain, back pain, bilateral upper extremity pain and bilateral wrist pain. The physical examination reported the cervical spine was tender to palpation, spasms were present, the injured worker had decreased range of motion and a positive compression test. The clinical note also showed the injured worker had a positive Tinel's bilaterally and decreased sensation in the median and ulnar nerve distribution. The treatment included Flurflex, Relafen, Tramadol, moist heat pad, and a hot and cold unit. An MRI was requested along with EMC/NCV of the bilateral upper extremities. The request for authorization was submitted on 11/26/2013. A clear rationale for the request was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for 1 EMG for left upper extremity is not medically necessary. The injured worker has a history of neck pain, back pain, bilateral upper extremity pain and bilateral wrist pain. ACOEM Guidelines state Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines also state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Based on the documentation provided for review the injured worker had a positive Tinel's bilaterally, positive compression test and decreased sensation in the median and ulnar nerves. Although, the documentation failed to show the injured worker completed three to four weeks of conservative care to include observation. Therefore, the request for 1 EMG for left upper extremity is not medically necessary.

NCV LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for NCV left upper extremity is not medically necessary. The injured worker has a history of neck pain, back pain, bilateral upper extremity pain and bilateral wrist pain. ACOEM Guidelines state Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines also state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Based on the documentation provided for review the injured worker had a positive Tinel's bilaterally, positive compression test and decreased sensation in the median and ulnar nerves. Although, the documentation failed to show the injured worker completed three to four weeks of conservative care to include observation. Therefore, the request for NCV left upper extremity is not medically necessary.

EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for EMG right upper extremity is not medically necessary. The injured worker has a history of neck pain, back pain, bilateral upper extremity pain and bilateral wrist pain. ACOEM Guidelines state Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines also state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Based on the documentation provided for review the injured worker had a positive Tinel's bilaterally, positive compression test and decreased sensation in the median

and ulnar nerves. Although, the documentation failed to show the injured worker completed three to four weeks of conservative care to include observation. Therefore, the request for EMG right upper extremity is not medically necessary.

NCV RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for NCV right upper extremity is not medically necessary. The injured worker has a history of neck pain, back pain, bilateral upper extremity pain and bilateral wrist pain. ACOEM Guidelines state Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines also state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Based on the documentation provided for review the injured worker had a positive Tinel's bilaterally, positive compression test and decreased sensation in the median and ulnar nerves. Although, the documentation failed to show the injured worker completed three to four weeks of conservative care to include observation. Therefore, the request NCV right upper extremity is not medically necessary.