

Case Number:	CM14-0000088		
Date Assigned:	01/24/2014	Date of Injury:	11/18/2011
Decision Date:	06/06/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 Texas. 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 50-year-old female who reported an injury on 12/20/2013, due to an unknown mechanism. The clinical note dated 12/06/2013 noted modest neck pain that radiated into both arms, and right elbow discomfort with tingling and numbness in the ring and small fingers. The physical exam presented tenderness over the distal margin of the cubital tunnel, an evident Tinel's sign, questionable positive Spurling's sign, and moderate tenderness in the paracervical region. The clinical note dated 02/11/2013 noted the cervical range of motion was assessed and revealed 70 degrees of right rotation, 70 degrees of left rotation, 45 degrees of right bending, 45 degrees of left bending, 60 degrees of forward flexion, and 75 degrees of extension. The provider recommended a bilateral upper extremity electrodiagnostic study. The request for authorization form was dated 12/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL UPPER EXTREMITY ELECTRODIAGNOSTIC STUDY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Nerve conduction studies.

Decision rationale: The ACOEM guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The Official Disability Guidelines (ODG) does not recommend a nerve conduction velocity (NCV) to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography (EMG) and obvious clinical signs. NCV is recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The medical documents lack evidence of neurological deficit that would indicate peripheral nerve impingement. There was also lack of evidence related to the cervical spine or bilateral upper extremity deficits. The injured worker presented with an evident Tinel's sign and a questionable positive Spurling's sign; however, the provider did not indicate the laterality of the findings. It did not appear the injured worker presented with findings bilaterally which would indicate their need for bilateral electrodiagnostic testing. Therefore, the request is non-certified.