

Case Number:	CM14-0001797		
Date Assigned:	01/22/2014	Date of Injury:	09/29/2011
Decision Date:	07/03/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic Surgery 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 claimant is a 53-year-old male who was injured on September 29, 2011. Previous interventions have included surgery for right wrist fracture, physical therapy; arthroscopic surgery to the left shoulder for rotator cuff tear, slap tear, AC joint arthritis, and impingement; NSAIDs, and hydrocodone. The review in question was rendered on December 27, 2013. The Claims Administrator noncertified the request for EMG and NCV of both upper extremities. The reviewer indicates that EMG/NCV was previously authorized on October 15, 2013 for both upper extremities. It is noted that the clinical documents from October 15, 2013 did not contain a physical examination and recommendation is made for EMG/NCV. The progress note from November 26, 2013 indicates that EMG/NCV performed on October 15, 2013 identify chronic right C7 (or C6) radiculopathy, left ulnar neuropathy at the elbow, and slowing of the left ulnar motor nerve across the elbow. Right ulnar nerve neuropathy was noted at the elbow and slowing of the nerve across the above. Additionally, mild bilateral median neuropathy at the wrist (carpal tunnel syndrome) was also document. The Claims Administrator denies the request indicating that the study had recently been performed and there is no indication for repetition of the study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL UPPER EXTERMITIES: Upheld

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

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

Decision rationale: The MTUS/ACOEM Guidelines supports the use of EMG/NCV and the upper extremity to help identify subtle focal neurologic dysfunction in individuals with neck or arm symptoms lasting greater than 3 or 4 weeks. Based on the clinical documentation provided, and EMG sessions the study was performed on October 15, 2013, it is unclear what information with an additional study would provide that would change the medical management of this case. Therefore, the request for EMG of the bilateral upper extremities is not medically necessary and appropriate.

NCS BILATERAL UPPER EXTREMITIES: Upheld

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

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

Decision rationale: The MTUS/ACOEM Guidelines supports the use of EMG/NCV in the upper extremity to help identify subtle focal neurologic dysfunction in individuals with neck or arm symptoms lasting greater than 3 or 4 weeks. Based on the clinical documentation provided, and EMG sessions the study was performed on October 15, 2013, it is unclear what information with an additional study would provide that would change the medical management of this case. As such, the request for NCS of the bilateral upper extremities is not medically necessary and appropriate.