MAXIMUS Federal Services

Case Number:	CM14-0008122		
Date Assigned:	02/12/2014	Date of Injury:	10/29/2011
Decision Date:	10/22/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Neurology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

There is an evaluation occupational therapy July 11, 2013, which indicates the insured has constant pain in the ulnar wrist at approximately a level of 4. The insured reported that the right wrist was no longer limiting his function and that the right shoulder and neck pain was limiting functioning. He was described as having strength reduced with supination rated 4+/5 and recommended continue goals for physical therapy. September 12, 2013, PR2 indicated decreased pain with no new problems or side effects. The insured had had a cervical fusion 08/31/13 and was wearing a cervical collar. 08/27/13 EMG had reported acute-on-chronic right C6 radiculopathy. Physical exam findings indicated that the motor strength grip was 3/5 on the right, 4/5 on the left with wrist flexors being 3/5 on the right, 4/5 on the left with wrist extensors being 3/5 on the right, 4/5 on the left and elbow extensors 4/5 on the right and 5/5 on the left with supination 4/5 on the right and 5/5 on the left. Note December 5, 2013, PR2 indicates no change in the location of pain. Physical exam indicated continued strength deficits on the right and left for grip, wrist flexion, wrist extension, elbow extension and supination. There was light touch sensation decreased over the thumb, index finger, middle finger, ring finger, little finger and medial hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV AND BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, EMG

Decision rationale: The medical records provided for review indicate an EMG performed in august of 2013 with findings of radiculopathy. The medical records indicate no objective change in regard to muscle strength or sensation since that time, in support of repeat EMG of the upper extremities. There is no indication of suspicion of double crush or metabolic pathology. ODG guidelines support Indications when particularly helpful: EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome.