

Case Number:	CM14-0102188		
Date Assigned:	09/16/2014	Date of Injury:	07/29/2011
Decision Date:	11/04/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/02/2014

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 Occupational Medicine, 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:

This patient developed persistent cervical and right upper extremity problems subsequent to a crush injury on 7/29/11. He has been treated with right shoulder decompressive surgery and right carpal tunnel release. He continues to complain of numbness, weakness and radiating pain into the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right upper extremity: Overturned

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

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

Decision rationale: MTUS Guidelines supports the use of electrodiagnostic testing (EMG and NCV) when there are continued signs or symptoms indicating a neurological disorder or compression. This patient meets Guideline standards for right upper extremity EMG testing. The EMG is medically necessary.

NCV Right upper extremity: Overturned

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

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

Decision rationale: MTUS Guidelines supports the use of electrodiagnostic testing (EMG and NCV) when there are continued signs or symptoms indicating a neurological disorder or compression. This patient meets Guideline standards for right upper extremity NCV testing. The NCV is medically necessary.