

Case Number:	CM14-0102739		
Date Assigned:	07/30/2014	Date of Injury:	05/24/2014
Decision Date:	09/17/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 Geriatrics and is licensed to practice in New York. 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 46 year old woman with a date of injury of 5/24/14. She was seen by her provider on 6/17/14 complaining of neck pain and numbness and tingling in her right hand. She completed all of her physical therapy sessions and was tolerating medications. Her symptoms were said to have been aggravated by the 'regular and extra duties she has been asked to perform'. Her physical exam showed restricted neck range of motion and abnormal deep tendon reflexes and weakness. The exam documentation is difficult to read (poor copy quality) and is a list with findings circled as yes or no but no specific details or muscle groups/dermatomes are documented. At issue in this review is the request is for NCV/EMG of her upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There are no red flags documented on physical exam to

warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG/NCV of the bilateral upper extremities. Therefore, this request is not medically necessary.