

Case Number:	CM14-0106093		
Date Assigned:	07/30/2014	Date of Injury:	05/30/2013
Decision Date:	09/22/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 Preventive Medicine and is licensed to practice in . 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:

According to the records made available for review, this is a 58-year-old female with a 5/30/13 date of injury. At the time (5/13/14) of request for authorization for electromyography bilateral upper extremities and nerve conduction velocity bilateral upper extremities, there is documentation of subjective (increased neck pain with numbness and tingling radiating into the arms and hands, bilateral shoulder pain with numbness and tingling, and difficulty performing activities of daily living) and objective (tenderness to palpation over the cervical paraspinal muscles with spasm, reduced cervical range of motion, intact sensation, reflexes and strength in the upper extremities, and negative Spurling's maneuver; tenderness to palpation over the shoulders with reduced range of motion and positive impingement signs bilaterally) findings, current diagnoses (cervical sprain and shoulder impingement), and treatment to date (physical therapy, medication). In addition, medical report identifies a request for acupuncture. There is no documentation of objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical sprain and shoulder impingement. In addition, there is documentation of subjective findings consistent with radiculopathy/nerve entrapment. However, given documentation of objective findings (intact sensation, reflexes and strength in the upper extremities, and negative Spurling's maneuver), and a request for acupuncture therapy, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for electromyography bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical sprain and shoulder impingement. In addition, there is documentation of subjective findings consistent with radiculopathy/nerve entrapment. However, given documentation of objective findings (intact sensation, reflexes and strength in the upper extremities, and negative Spurling's maneuver), and a request for acupuncture therapy, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for nerve conduction velocity bilateral upper extremities is not medically necessary.