MAXIMUS Federal Services

Case Number:	CM14-0107171		
Date Assigned:	08/01/2014	Date of Injury:	06/30/2012
Decision Date:	10/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 67 year old male who reported a date of injury of 06/30/2012. The mechanism of injury was not indicated within the medical records received. The injured worker had diagnoses of Impingement syndrome status post decompression, rotator cuff repair, discogenic cervical condition with radicular component down the right upper extremity, carpal tunnel syndrome and wrist joint inflammation. The injured worker had nerve conduction studies of unknown date with unofficial findings indicating the injured worker had radiculopathy. The official reports were not provided within the medical records received. Prior treatments included cortisone injection of unknown date. The injured worker had an MRI of the wrist the date of which was not indicated with unofficial findings indicating the injured worker had inflammation along the joint as well as a loss of articular surface along the base of the thumb. Surgeries were not indicated within the medical records provided. The injured worker had complaints of neck pain with frequent numbness and tingling in the right shoulder and arm. The clinical letter dated 07/18/2014 noted the injured worker was asymptomatic and his right upper extremity would abduct to 85 degrees. Medications included Tramadol, Flexeril, Naproxen and Protonix. The treatment plan included the physician's recommendation for a cervical MRI, EMG of the upper extremities, Lidopro, Terocin patches, and cervical traction. The physician recommended EMG studies as the injured worker had frequent numbness in the right shoulder and right arm. The request for authorization form was not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography) study of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back (updated 05/30/14), Electromyelography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM guidelines state when neurologic examination is unclear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines note EMG is not recommended for the diagnosis of nerve root involvement when the history, physical examination, and imaging studies are consistent. There is a lack of documentation indicating the injured worker had a 3-4 week treatment of conservative care with persistent symptoms. Furthermore, the injured worker was noted to have had prior EMG's indicating the injured worker did not have radiculopathy; however, the official reports of the prior studies were not provided. There is a lack of documentation which demonstrates the injured worker has significant objective findings indicative of neurological deficit upon physical examination. As such, the request is not medically necessary.

EMG (Electromyelography) study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back (updated 05/30/14), Electromyelography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM guidelines state when neurologic examination is unclear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines note EMG is not recommended for the diagnosis of nerve root involvement when the history, physical examination, and imaging studies are consistent. There is a lack of documentation indicating the injured worker had a 3-4 week treatment of conservative care with persistent symptoms. Furthermore, the injured worker was noted to have had prior EMG's indicating the injured worker did not have radiculopathy; however, the official reports of the prior studies were not provided. There is a lack of documentation which demonstrates the injured worker has significant objective findings indicative of neurological deficit upon physical examination. As such, the request is not medically necessary.