MAXIMUS Federal Services

Case Number:	CM14-0018624		
Date Assigned:	04/18/2014	Date of Injury:	05/07/2011
Decision Date:	07/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 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:

According to the records made available for review, this is a 57-year-old female with a 05/7/2011 date of injury, and right shoulder surgery on 7/29/13. At the time (02/03/2014) of the decision for the electromyography (EMG) of the bilateral upper extremities and nerve conductiona velocity (NCV) of the bilateral upper extremities, there is documentation of subjective (right shoulder and neck pain) and objective (no pertinent upper extremity neurological deficits) findings. The current diagnoses include cervical spine strain with possible cervical radiculopathy, status post right shoulder surgery, and right wrist basal joint arthritis. The treatment to date include physical therapy and medications. There is no (clear) documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS/ACOEM Guidelines identify 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 an electromyography/nerve conduction velocity (EMG/NCV). Within the medical information available for review, there is documentation of diagnoses of cervical spine strain with possible cervical radiculopathy, status post right shoulder surgery, and right wrist basal joint arthritis. In addition, there is documentation of conservative treatment (physical therapy and medications). However, despite documentation of diagnoses of cervical spine strain with possible cervical radiculopathy, there is no (clear) documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for an electromyography (EMG) of the bilateral upper extremities is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: The MTUS/ACOEM Guidelines identify 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 an electromyography/nerve conduction velocity (EMG/NCV). Within the medical information available for review, there is documentation of diagnoses of cervical spine strain with possible cervical radiculopathy, status post right shoulder surgery, and right wrist basal joint arthritis. In addition, there is documentation of conservative treatment (physical therapy and medications). However, despite documentation of diagnoses of cervical spine strain with possible cervical radiculopathy, there is no (clear) documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for a nerve conduction velocity (NCV) of the bilateral upper extremities is not medically necessary.