

Case Number:	CM14-0112528		
Date Assigned:	08/06/2014	Date of Injury:	09/03/2012
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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 Nevada. 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 records presented for review indicate that this 57 year-old individual was injured on September 3, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of right upper extremity pain. The physical examination demonstrated a 5'2", 145 pound individual who appeared to be uncomfortable. There is a decrease in cervical spine range of motion, Spurling test cause pain and right upper extremity, sensation was decreased to light touch, and there was weakness diffusely the right upper extremity. Diagnostic imaging studies objectified were not reported. Previous treatment includes multiple medications, physical therapy, TENS and other pain management interventions. A request had been made for electrodiagnostic studies and was not certified in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT UPPER EXTREMITY: Upheld

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: As outlined in the ACOEM guidelines, these studies may help identify subtle neurologic dysfunction in patients with neck and arm symptoms. The progress notes indicate that a cervical MRI has not been completed. There is no objectification or suspicion of a disc lesion. Furthermore, when considering the reported mechanism of injury there is no indication to support the need for electrodiagnostic studies. Therefore, based on the clinical information presented for review this is not medically necessary.

NCV LEFT UPPER EXTREMITY: Upheld

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: As outlined in the ACOEM guidelines, these studies may help identify subtle neurologic dysfunction in patients with neck and arm symptoms. The progress notes indicate that a cervical MRI has not been completed. There is no objectification or suspicion of a disc lesion. Furthermore, when considering the reported mechanism of injury there is no indication to support the need for electrodiagnostic studies. Therefore, based on the clinical information presented for review this is not medically necessary.

Acupuncture once a week for one week: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: When considering the date of injury, the mechanism of injury, the findings noted on physical examination there is no indication that this intervention is an option as pain medication has not been reduced, there is no surgical lesion or other indicator that this might demonstrate any efficacy. A clinical evaluation should be completed prior to establishing interventions. Also, the fact that an MRI is suggested negates the need for this intervention. Therefore, this request is not medically necessary.

NCV RIGHT UPPER EXTREMITY: Upheld

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: As outlined in the ACOEM guidelines, these studies may help identify subtle neurologic dysfunction in patients with neck and arm symptoms. The progress notes indicate that a cervical MRI has not been completed. There is no objectification or suspicion of a disc lesion. Furthermore, when considering the reported mechanism of injury there is no indication to support the need for electrodiagnostic studies. Therefore, based on the clinical information presented for review this is not medically necessary.

EMG RIGHT UPPER EXTREMITY: Upheld

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

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Decision rationale: As outlined in the ACOEM guidelines, these studies may help identify subtle neurologic dysfunction in patients with neck and arm symptoms. The progress notes indicate that a cervical MRI has not been completed. There is no objectification or suspicion of a disc lesion. Furthermore, when considering the reported mechanism of injury there is no indication to support the need for electrodiagnostic studies. Therefore, based on the clinical information presented for review this is not medically necessary.