

Case Number:	CM14-0112904		
Date Assigned:	08/29/2014	Date of Injury:	08/08/2012
Decision Date:	11/21/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 8/8/12. A utilization review determination dated 7/3/14 recommended non certification for the requested NCV/EMG of the right upper extremity stating there is no documentation of a clinical condition which electrodiagnostic studies are medically necessary and that the employee had already had a previous EMG/NCV 3/14/13. Additionally, there was no documentation of significant changes in the clinical condition which would make repeating this test medically necessary. A report dated 5/8/14 indicates the patient complained of neck pain radiating down to the right hand, right shoulder pain and tingling in the right hand. The objective findings indicate the patient had tenderness with a decrease in flexion and extension as well as range of motion with complaints of pain. The right shoulder revealed tenderness with decrease in shoulder abduction and extension as well as range of motion and the patient had complaints of pain with internal and external rotation. Electrodiagnostic findings were discussed and findings were consistent with a right (C6) radial nerve lateral branch +2 moderate, right (C7) radial nerve medial branch +1 mild, left (C7) radial nerve medial branch +4 severe, right (C8) ulnar nerve +2 moderate, left (C8) ulnar nerve +4 severe. The diagnosis discussed is cervical radiculopathy at C7-8 and variable orthopedic findings, possible sleep disorder, depression, and possible internal medicine condition. The treatment plan indicated that Chiropractic manipulation was requested, physiotherapy treatment, acupuncture treatment, shockwave therapy and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)of the upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, it appears that the patient has recently undergone electrodiagnostic testing. There are no new subjective complaints or physical examination findings identifying subtle focal neurologic deficits, for which repeat electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG of bilateral upper extremities is not medically necessary.

NCV (Nerve Conduction Velocity) of the upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for NCV of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, it appears that the patient has recently undergone electrodiagnostic testing. There are no new subjective complaints or physical examination findings identifying subtle focal neurologic deficits, for which repeat electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested NCV of bilateral upper extremities is not medically necessary.