

Case Number:	CM14-0125423		
Date Assigned:	08/11/2014	Date of Injury:	06/03/2001
Decision Date:	09/11/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgery 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:

The claimant is a 49-year-old female injured in a work-related accident on June 3, 2001. The records provided for review document neck, bilateral shoulder and upper extremity complaints. An office note dated June 10, 2014, describes continued neck and upper extremity pain. Physical examination showed diffuse tenderness to palpation of the cervical spine and restricted range of motion of the neck and shoulders. There was positive bilateral Phalen's testing at the wrist. No treatment is referenced. Clinical records dating to 2001 do not indicate whether the claimant has undergone imaging studies of the neck or upper extremities or state whether prior electrodiagnostic studies have been conducted. This request is for electrodiagnostic testing to include both EMG and NCV studies of the claimant's bilateral upper extremities.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

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

Decision rationale: California MTUS ACOEM Guidelines does not support the need for an EMG study of the left upper extremity. ACOEM Guidelines recommend electrodiagnostic testing to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms. This claimant is 13 years post-injury, and the reviewed records document no prior imaging suggesting neurologic pathology or provide a diagnosis that would be associated with the need for electrodiagnostic testing. Absent documentation of neurologic findings, the request for an EMG study of the left upper extremity is not medically necessary.

NCV Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

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

Decision rationale: California MTUS ACOEM Guidelines does not support the need for an NCV study of the right upper extremity. ACOEM Guidelines recommend electrodiagnostic testing to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms. This claimant is 13 years post-injury, and the reviewed records document no prior imaging suggesting neurologic pathology or provide a diagnosis that would be associated with the need for electrodiagnostic testing. Absent documentation of neurologic findings, the request for an NCV test of the right upper extremity is not medically necessary.

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