

Case Number:	CM14-0158682		
Date Assigned:	10/02/2014	Date of Injury:	09/04/2013
Decision Date:	11/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Texas. 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:

Medical Records reflect the claimant is a 54 year old female who sustained a work injury on 9-14-13. Medical Records reflect the claimant has been treated with medications, and physical therapy. Office visit on 7-30-14 notes the claimant feels a little better. She has less pain over the right shoulder but continues with pain and stiffness over the neck and upper back with radicular symptoms to the right upper extremity. She has persistent pain over the right elbow. She is tolerating full duty. The claimant reports performing a home exercise program. On exam, she has tenderness over the paravertebral, trapezius parascapular muscles, tenderness at the right shoulder, lateral epicondylar and forearm muscles. DTR are intact. Tinels and is negative. Distal sensation is intact. Strength is grossly intact. The claimant is continued at full duties.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pages 177-179

Decision rationale: ACOEM guidelines reflect that Needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. EMG is not recommended for claimant's with subacute or chronic spine pain who do not have significant arm or leg pain, paresis or numbness. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Neurologically she is intact. Therefore, the medical necessity of this request is not established.

EMG right upper extremity: Upheld

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

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NCV left upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist hand chapter - electrodiagnostic studies

Decision rationale: ODG reflects that electrodiagnostic studies are recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. (Bienek, 2006) Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). For more information, see the Carpal Tunnel Syndrome chapter. Among patients seeking treatment for hand and wrist disorders generally, workers' compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. WC patients underwent surgery at a higher rate -- 44% compared to 35% -- and electrodiagnostic testing -- 26% compared to 15%. (Day, 2010). There is an absence in objective documentation to support a suspicion of a nerve entrapment. Therefore, the medical necessity of this request is not established.

NCV right upper extremity: Upheld

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