

Case Number:	CM14-0164960		
Date Assigned:	10/10/2014	Date of Injury:	04/08/2013
Decision Date:	11/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 4/8/13. A utilization review determination dated 9/23/14 recommends non-certification of EMG/NCS RUE. It referenced a 9/11/14 medical report identifying pain in the right shoulder that does not radiate down the arm. The shoulder pops and clicks in the morning. There is pain when sleeping on the right side and when reaching, lifting, and carrying. There is also some pain in the left shoulder and cervical spine. On exam, there is tenderness, decreased ROM, decreased sensation 4th and 5th fingers of the right hand, and slight weakness of the interossei.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

Decision rationale: Regarding the request for NCS, CA MTUS and ACOEM 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, there is documentation of decreased sensation of the 4th and 5th fingers on the right. This appears to be a new finding at the time of the current request, but there is no indication of any red flags, failure of initial conservative management, or another clear indication for electrodiagnostic testing. In the absence of such documentation, the currently requested NCS is not medically necessary.

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

Decision rationale: Regarding the request for EMG, CA MTUS and ACOEM 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, there is documentation of decreased sensation of the 4th and 5th fingers on the right. This appears to be a new finding at the time of the current request, but there is no indication of any red flags, failure of initial conservative management, or another clear indication for electrodiagnostic testing. In the absence of such documentation, the currently requested EMG is not medically necessary.