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| Case Number: | CM14-0169017 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 04/24/2013 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 10/07/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 Occupational 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:

There were 356 pages for review. The application for independent review was signed 10-14-14. The issue for review was a denial of an EMG/NCV of both upper extremities. The claimant is 32 years and sustained injuries to the neck, shoulders, left wrist and thoracic spine in 2013. As of 9-11-14, the claimant had frequent pain in her neck. It is sharp at 10 out of 10 on the Visual Analogue Scale. There is left and bilateral shoulder pain. There was pain in the wrist. No pain medicine is mentioned. There is difficulty sleeping, anxiety and depression. The pain is aggravated by repetitive bending, neck bending, overhead reaching, lifting, carrying, hand/arm movements, and other activities. The pain is reduced with rest. She takes Motrin. The physical exam demonstrates the weakness. The claimant already had prior electrodiagnostics, and there is no evidence of new injury or exacerbation of the previous symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs or especially any progression of neurologic exam. Pain only would not be a rationale for electrodiagnostic studies or for clinical clarification with electrodiagnostic testing. The request is therefore not medically necessary.