

Case Number:	CM14-0169185		
Date Assigned:	10/17/2014	Date of Injury:	10/20/2011
Decision Date:	11/19/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Practice, 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:

51 yr. old male claimant sustained a cumulative work injury from 10/20/10-10/19/11 involving the neck, shoulder and wrist. He diagnosed with cervical radiculitis and bilateral carpal tunnel syndrome. An MRI of the cervical spine on 8/2/14 showed diffuse disc herniation from C2 to C5 and desiccation of the disks with partial fusion of C6 and C7. A progress note on 9/2/14 indicated the claimant had normal range of motion of the shoulders, elbows, wrists and fingers. There was left thenar atrophy. No neurological abnormalities were noted. The claimant was scheduled for carpal tunnel surgery. A progress note on 9/17/14 indicated the claimant had spasms in the cervical region, tenderness and decreased range of motion in the neck and tenderness with a mass in the left wrist. The physician requested an EMG of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of Bilateral UEs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EMG-NCV: Forearm and Wrist.

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

Decision rationale: According to the ACOEM guidelines, an EMG of the upper extremities and neck is not recommended for nerve root diagnosis. It is used to clarify in cases suspected of disk herniation pre-operatively. In this case, the claimant had an MRI a few weeks' earlier confirming disc herniation findings. In addition, the prior exam did not mention any significant neurological findings that would necessitate an NCV. The claimant was known to have carpal tunnel syndrome and was to have surgery. The EMG and NCV are not medically necessary.