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| Case Number: | CM14-0169289 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 12/04/2008 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 09/26/2014 |
| 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 55-year-old male with an original injury on December 4, 2008. The patient was lifting a heavy load with a coworker and this tilted backwards. The initial injury was to the right arm and right wrist, and neck. The industrial diagnoses included right wrist sprain, cervical herniated disc, cervicalgia, cervical radiculopathy, right elbow strain, and muscle spasm. The patient also has a history of shoulder surgery. The disputed request is for electrodiagnostic testing of the bilateral upper extremities. The utilization reviewer felt that this may possibly be necessary, but the lack of documentation in the submitted records failed to decipher whether the neurologic changes noted are new or old.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities body part: cervical lumbar, right shoulder, and right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG of bilateral upper extremities, ACOEM Practice Guidelines 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 are no recent physical examination that includes comprehensive neurologic testing of sensory, motor, deep tendon reflexes, and gait assessment. At minimum, there should be documentation of abnormality on exam to warrant further investigation with electrodiagnostic testing. The most recent note submitted on 7/11/2014 fails to stipulate in the treatment section a request for Electromyogram/Nerve Conduction Study Testing. In the absence of such documentation, the currently requested EMG of bilateral upper extremities is not medically necessary.