

Case Number:	CM14-0169395		
Date Assigned:	10/17/2014	Date of Injury:	06/01/2011
Decision Date:	11/19/2014	UR Denial Date:	09/22/2014
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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

7/21/14 note indicates 3/5/13 Electromyography (EMG) being performed and normal findings being reported. The insured was reported to have "classic" patterns of clinical examination consistent with carpal tunnel syndrome. 7/2/14 evaluation noted neck pain and bilateral shoulder pain. There was numbness in the digits of the right and left hand except the small fingers. Examination noted motor strength of 5/5 in the bilateral upper extremities. There was normal sensory testing and deep tendon reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Study (EMG/NCS) Bilateral Upper Extremities:
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) Neck, EMG

Decision rationale: The medical records provided for review do not indicate any objective physical examination findings consistent with nerve injury. There are no demonstrated physical exam findings of weakness, sensory loss or reflex changes in relation to injury. ODG supports

Indications when particularly helpful: EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records do not indicate findings consistent with neuropathy or physical findings in support of peripheral compression, the records do not support performance of EMG/NCS. The request for Electromyography/Nerve Conduction Study (EMG/NCS) Bilateral Upper Extremities is not medically necessary.