

Case Number:	CM14-0029795		
Date Assigned:	04/09/2014	Date of Injury:	05/02/2006
Decision Date:	05/27/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/24/2014

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 Medicine and is licensed to practice in North Carolina. 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 claimant is a 40-year-old man with date of injury of 5/2/2006 when he fell while at work and injured his right shoulder, elbow and neck. He is accepted for right shoulder, right elbow and cervical injuries. He has been treated with neck fusion in 2008, right shoulder surgery in 2009 and right ulnar decompression and transposition in 2011. He has been treated with medications, physical therapy and acupuncture without improvement or resolution of symptoms. He recently had right stellate ganglion/sympathetic block in 2013. He has persistent pain near pectoralis minor with radiation to medial arm and 3rd, 4th and 5th digits of right hand. He has weakness in arm, forearm and hand with reduced grip strength. He had electromyography (EMG) and NCV (nerve conduction velocity) in 2012 with reportedly positive findings in C8-T1 but no NCV findings. His current diagnoses are right thoracic outlet syndrome and pectoralis minor syndrome. Repeat EMG and NCV studies are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The CA MTUS/ACOEM allows for the use of electromyography (EMG) and NCV (nerve conduction velocity) for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant was evaluated with EMG and NCV in 2012. The submitted records do not describe any worsening or substantial change in his symptoms after the time of the initial EMG and NCV. There is no documentation to support the medical necessity for repeat testing within such a short time period. As such, the request for EMG of upper extremities is not certified.

NERVE CONDUCTION VELOCITIES (NCV) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The CA MTUS/ACOEM allows for the use of electromyography (EMG) and NCV (nerve conduction velocity) for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant was evaluated with EMG and NCV in 2012. The submitted records do not describe any worsening or substantial change in his symptoms after the time of the initial EMG and NCV. There is no documentation to support the medical necessity for repeat testing within such a short time period. As such, the request for NCV of upper extremities is not certified.