

Case Number:	CM14-0033202		
Date Assigned:	06/23/2014	Date of Injury:	09/10/2009
Decision Date:	07/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 46-year-old female with a 9/10/09 date of injury. At the time (9/25/13) of request for authorization for EMG to right upper extremity, there is documentation of subjective (neck pain radiation to the upper extremity with stabbing sensation into the right hand) and objective (tenderness to palpation over the volar part of the wrist and extension and flexion tendons, positive Tinel's and Phalen's sign, and decreased sensation in the forearm and ulnar nerve median nerve distribution) findings, current diagnoses (cervical spine sprain/strain and rule out CRPS/reflex sympathetic dystrophy right upper extremity), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG to right upper extremity: Overturned

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, Chapter 9 Shoulder Complaints Page(s): 177,33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not

responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain and rule out CRPS/reflex sympathetic dystrophy right upper extremity. In addition, given documentation of subjective (neck pain radiation to the upper extremity with stabbing sensation into the right hand) and objective (tenderness to palpation over the volar part of the wrist and extension and flexion tendons, positive Tinel's and Phalen's sign, and decreased sensation in the forearm and ulnar nerve median nerve distribution) findings and treatment to date (medications), there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG to right upper extremity is medically necessary.