

<b>Case Number:</b>	CM14-0034633		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 31-year-old male who was reportedly injured on November 1, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated December 17, 2013, indicated there were ongoing complaints of neck and upper arm pains; however, some improvement was noted. There were also complaints of headaches. The physical examination demonstrated a decrease in cervical spine range of motion, manual muscle testing to be 4/5, tenderness to palpation and muscle spasm being present. Diagnostic imaging studies were not presented for review. Previous treatment included changing to an ergonomic workstation, acupuncture therapy and limitations at work. A request was made for electrodiagnostic studies and was not certified in the pre-authorization process on February 18 & 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction studies (NCS) or right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** When noting the date of injury, the mechanism of injury, and the complete absence of any significant finding on a physical examination or narrative outlining the clinical indication for such a request and by the parameters listed in the ACOEM Guidelines, there was no clinical indication of a neurological dysfunction and that of the additional diagnostic intervention. The lack of a neurological examination and the lack of any imaging studies demonstrating nerve root compromise negate the need for this intervention. The request is not medically necessary.

**Electromyography (EMG) of left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** When noting the date of injury, the mechanism of injury, and the complete absence of any significant finding on a physical examination or narrative outlining the clinical indication for such a request and by the parameters listed in the ACOEM Guidelines, there was no clinical indication of a neurological dysfunction and that of the additional diagnostic intervention. The lack of a neurological examination and the lack of any imaging studies demonstrating nerve root compromise negate the need for this intervention. The request is not medically necessary.

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