

Case Number:	CM14-0039618		
Date Assigned:	06/27/2014	Date of Injury:	03/20/2013
Decision Date:	08/13/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 3/1/13. She was seen by her physician on 3/4/14 with complaints that her pain was worse with left sided shoulder and arm pain and the right side was not improving. She had completed chiropractic visits and physical therapy. She had complaints of right elbow, neck and arm pain. She denied numbness, tingling or weakness in the arms. She denied bowel or bladder dysfunction. Her musculoskeletal exam showed posterior cervical tenderness but unrestricted range of motion and negative nerve root compression tests and no weakness. Her neurologic exam of the upper extremities and elbow exams were unremarkable except for tenderness at the right medial epicondyle. Her diagnoses included right shoulder and cervical sprain/strain and right medial epicondylitis. At issue in this review is the request for EMG/NCV/NCS of the right and left upper extremity for "right cervical radicular symptoms, not improving with PT and chiro."

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV/NCS right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck/Upper Back and Shoulder Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: This injured worker has chronic neck and upper extremity pain but she denied numbness, tingling or weakness in the arms and any bowel or bladder dysfunction. There is also no documentation of red flags on physical exam to warrant further imaging, testing or referrals. Her exam is essentially normal. The records do not support the medical necessity for an EMG/NCV/NCS of the right upper extremity. Therefore, the request is not medically necessary.

EMG/NCV/NCS left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck/Upper Back and Shoulder Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: This injured worker has chronic neck and upper extremity pain but she denied numbness, tingling or weakness in the arms and any bowel or bladder dysfunction. There is also no documentation of red flags on physical exam to warrant further imaging, testing or referrals. Her exam is essentially normal. The records do not support the medical necessity for an EMG/NCV/NCS of the left upper extremity. Therefore, the request is not medically necessary.