

Case Number:	CM14-0041899		
Date Assigned:	06/30/2014	Date of Injury:	05/05/2008
Decision Date:	08/14/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 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:

The patient is a 52 year old male with a diagnosis of cervical contusion/sprain, diffuse disk bulge C3-4, C4-5 with impingement of C5 nerve root bilaterally and post-traumatic spondylosis with foraminal compression, injured on May 5, 2008. In November 2013, the patient presented to the treating orthopedic surgeon with complaints of pain radiating down the right upper extremity, numbness and tingling of the 4th and 5th fingers bilaterally. The request is for EMG/NCV of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG (The Official Disability Guidelines) Neck and Upper Back, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178,268-269.

Decision rationale: The patient is a 52 year old male injured on May 5, 2008. The mechanism of injury is not documented in records available for review. In progress note from the treating orthopedic surgeon dated November 13, 2013, the patient complains of intermittent moderate

and occasionally severe pain which radiates down the right upper extremity and notes numbness and tingling of both hands and his fourth and fifth digits. The physical examination reveals a negative Spurling's test, gross motor strength of the bicep, tricep and pinch 5/5 bilaterally. There is no documentation of physical findings to support the suspicion of carpal tunnel syndrome or radiculopathy. The request for bilateral upper extremity NCV/EMG to rule out radiculopathy vs carpal tunnel syndrome is not medically supported and is therefore not medically necessary.

NCV of Upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Neck and Upper Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178,268-269.

Decision rationale: The patient is a 52 year old male injured on May 5, 2008. The mechanism of injury is not documented in records available for review. In progress note from the treating orthopedic surgeon dated November 13, 2013, the patient complains of intermittent moderate and occasionally severe pain which radiates down the right upper extremity and notes numbness and tingling of both hands and his fourth and fifth digits. The physical examination reveals a negative Spurling's test, gross motor strength of the bicep, tricep and pinch 5/5 bilaterally. There is no documentation of physical findings to support the suspicion of carpal tunnel syndrome or radiculopathy. The request for bilateral upper extremity NCV/EMG to rule out radiculopathy vs carpal tunnel syndrome is not medically supported and is therefore not medically necessary.