

Case Number:	CM14-0050324		
Date Assigned:	06/25/2014	Date of Injury:	11/02/2012
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 34 year old male who sustained an injury to his right arm on 11/02/12. The mechanism of injury is not documented. There was no recent detailed physical examination submitted for review of the right upper extremity. There was no imaging study provided of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

electromyography (EMG)/nerve conduction velocity (NCV) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG).

Decision rationale: The request for EMG/NCV right upper extremity is not medically necessary. The previous request was denied on the basis that there was no documentation of focal neurological dysfunction in the right upper extremity. Symptoms are documented on the left, but not the right. There was no information in the records provided for review that would indicate any right upper extremity pathology. As such, the request is not consistent with

guideline recommendations and not supported by the documentation submitted, therefore, not recommended. Given this, medical necessity of the request for EMG/NCV right upper extremity has not been established.