

Case Number:	CM14-0066239		
Date Assigned:	07/11/2014	Date of Injury:	12/11/2012
Decision Date:	08/12/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 44-year-old individual was reportedly injured on 12/11/2012. The mechanism of injury is noted as repetitive activities. The most recent progress note, dated 6/23/2014. Indicates that there are ongoing complaints of back, right hand, and shoulder pain. The physical examination demonstrated cervical spine, limited range of motion with discomfort to the right. Slight tenderness to palpation posterior cervical paravertebral muscles on the right. Slight muscle spasm slight tenderness over the left occipital nerve. Bilateral shoulder: positive tenderness anteriorly in the subacromial bursa, bicep tendon on the right, tenderness at the acromioclavicular (AC) joint on the right side. Slight pain accreditation with circumduction, positive near impingement sign on the right. Right shoulder decreased range of motion with pain. Positive tenderness in the scapular trigger point on the right side. Right and left elbow reveals normal exam. Right and left hand/wrist: positive tenderness over the dorsum of the right wrist greater than left. Motor strength right upper extremity did reveal some 4+/5. Diagnostic imaging studies include x-rays of the right shoulder which were unremarkable, as well as x-rays of the cervical spine which revealed evidence of disk space narrowing at C5, C6, C7, with some spur formation. Previous treatment includes cortisone injections, physical therapy, medications, and modified duty. A request had been made for electromyography/nerve conduction velocity (EMG/NCV) study of the left upper extremity and electromyography/nerve conduction velocity (EMG/NCV) study right upper extremity, was not certified in the pre-authorization process on 4/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Given the lack of documentation of a neurological exam or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is considered not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCS.

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Given the lack of documentation of a neurological exam or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is considered not medically necessary.

EMG right upper extremity: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Given the lack of documentation of a neurological exam

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