

Case Number:	CM14-0066263		
Date Assigned:	07/14/2014	Date of Injury:	03/04/2013
Decision Date:	09/22/2014	UR Denial Date:	05/01/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 36 year old male with complaints of neck pain radiating into the left shoulder (denies right shoulder pain). The date of injury is 3/4/13 and the mechanism of injury is a fall injury from a large metal basket lifted by a forklift 15 feet above ground level. At the time of request for Electromyography (EMG) and Nerve Conduction Studies (NCS) of the right upper extremity, there is subjective (neck pain radiating to the left shoulder) and objective (tenderness and spasm of the left paracervical and trapezius muscles, restricted range of motion cervical spine, spurling's sign positive left) findings, imaging findings (3/20/13 MRI left shoulder and cervical spine shows ac arthritis, supraspinatus tendonitis, multi-level disc protrusion cervical spine C3/4 thru C7/T1), diagnoses (shoulder arthralgia, shoulder contusion, shoulder impingement, cervical disc degeneration, cervical herniated disc protrusion, cervical spondylosis, cervicgia), and treatment to date (physical therapy, acupuncture, medications). In regards to EMG/NCV, electrodiagnostic testing is helpful in localizing the source of neurological symptoms and establishing the diagnosis of nerve entrapment such as radiculopathy. Furthermore, NCS are not recommended while EMG (needle not surface) may be beneficial in determining cervical and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing.

Decision rationale: Per ODG treatment guidelines, electrodiagnostic testing is helpful in localizing the source of neurological symptoms and establishing the diagnosis of nerve entrapment such as radiculopathy. However, it is not necessary and redundant if clinically it is obvious that a radiculopathy is present. Furthermore, NCS are not recommended while EMG (needle not surface) may be beneficial in determining cervical and lumbar radiculopathy. Finally, there is no documentation in the medical records provided that supports any neurological findings in the right upper extremity. Therefore, EMG as well NCS of the right upper extremity as requested is not medically necessary.

NCS of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing.

Decision rationale: Per ODG treatment guidelines, electrodiagnostic testing is helpful in localizing the source of neurological symptoms and establishing the diagnosis of nerve entrapment such as radiculopathy. However, it is not necessary and redundant if clinically it is obvious that a radiculopathy is present. Furthermore, NCS are not recommended while EMG (needle not surface) may be beneficial in determining cervical and lumbar radiculopathy. Finally, there is no documentation in the medical records provided that supports any neurological findings in the right upper extremity. Therefore, EMG as well NCS of the right upper extremity as requested is not medically necessary.