

Case Number:	CM14-0066676		
Date Assigned:	07/11/2014	Date of Injury:	03/21/2013
Decision Date:	10/14/2014	UR Denial Date:	04/10/2014
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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 50 year old female with a reported date of injury on March 21, 2013. The mechanism of injury is described as lifting. The injured worker was placing a box on top of a cart and raised the right arm and felt right arm pain, as well as pain from the neck to the right side of the face and back. An MRI of the cervical spine dated July 29, 2013 documented that there was a mild spondylosis within the cervical spine with 5 millimeter cyst and neural foraminal (sic) at C5-C6. The injured worker has completed 20 physical therapy visits. Results of an EMG/NCV dated December 05, 2013 were negative. A request for repeat bilateral upper extremity EMG/NCV had been made and was denied on a prior utilization review determination dated April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Left Upper Extremity: 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 Neck and Upper Back (updated 03/31/14) Nerve conduction studies (NCS); CA MTUS 2009: 9792.23.2. Shoulder Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 Page 561-563; ODG Pain(updated 03/27/14)

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, electrodiagnostic studies; Pain, Electrodiagnostic studies

Decision rationale: This is a 46 year old female with complaints of neck and upper extremity pain bilaterally. The claimant has had previous EMG/NCV on 12/5/13 which was "entirely negative." The office note of March 16, 2014 notes the claimant is being seen by a rheumatologist at [REDACTED] but those notes are not available. The clinical diagnoses proposed are cervical strain and shoulder impingement as well as possible rheumatoid arthritis versus fibromyalgia. The physical exam is documented as 'unchanged'. As such repeat electrodiagnostic testing is not supported by the documentation provided, therefore the request remains not medical necessary.

Nerve Conduction Velocity (NCV) Left Upper Extremity: 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 Neck and Upper Back (updated 03/31/14) Nerve conduction studies (NCS); CA MTUS 2009: 9792.23.2. Shoulder Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 Page 561-563; ODG Pain(updated 03/27/14)

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, electrodiagnostic studies; Pain, Electrodiagnostic studies

Decision rationale: This is a 46 year old female with complaints of neck and upper extremity pain bilaterally. The claimant has had previous EMG/NCV on 12/5/13 which was "entirely negative." The office note of March 16, 2014 notes the claimant is being seen by a rheumatologist at [REDACTED] but those notes are not available. The clinical diagnoses proposed are cervical strain and shoulder impingement as well as possible rheumatoid arthritis versus fibromyalgia. The physical exam is documented as 'unchanged'. As such repeat electrodiagnostic testing is not supported by the documentation provided, therefore the request remains not medically necessary.

Nerve Conduction Velocity (NCV) Right Upper Extremity: 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 Neck and Upper Back (updated 03/31/14) Nerve conduction studies (NCS); CA MTUS 2009: 9792.23.2. Shoulder Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 Page 561-563; ODG Pain(updated 03/27/14)

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, electrodiagnostic studies; Pain, Electrodiagnostic studies

Decision rationale: This is a 46 year old female with complaints of neck and upper extremity pain bilaterally. The claimant has had previous EMG/NCV on 12/5/13 which was "entirely negative." The office note of March 16, 2014 notes the claimant is being seen by a rheumatologist at [REDACTED] but those notes are not available. The clinical diagnoses proposed are cervical strain and shoulder impingement as well as possible rheumatoid arthritis versus fibromyalgia. The physical exam is documented as 'unchanged'. As such repeat electrodiagnostic testing is not supported by the documentation provided, therefore the request remains not medically necessary.

Electromyography (EMG) Right Upper Extremity: 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 Neck and Upper Back (updated 03/31/14) Nerve conduction studies (NCS); CA MTUS 2009: 9792.23.2. Shoulder Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 Page 561-563; ODG Pain(updated 03/27/14)

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Decision rationale: This is a 46 year old female with complaints of neck and upper extremity pain bilaterally. The claimant has had previous EMG/NCV on 12/5/13 which was "entirely negative." The office note of March 16, 2014 notes the claimant is being seen by a rheumatologist at [REDACTED] but those notes are not available. The clinical diagnoses proposed are cervical strain and shoulder impingement as well as possible rheumatoid arthritis versus fibromyalgia. The physical exam is documented as 'unchanged'. As such repeat electrodiagnostic testing is not supported by the documentation provided, therefore the request remains not medically necessary.