

Case Number:	CM14-0072442		
Date Assigned:	07/16/2014	Date of Injury:	10/23/2013
Decision Date:	08/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 51-year-old male was reportedly injured on 10/23/2013. The mechanism of injury was noted as a fall. The most recent progress note, dated 5/12/2014, indicated that there were ongoing complaints of neck pain, right arm weakness, and right hand pain. The physical examination demonstrated positive scapular winging on the right, and positive axial compression pain radiating down the right arm. Positive tenderness on the right side of the neck with mild spasms was noted. Shoulder test noted 3+ weakness. Cervical spine range of motion was 50% of normal. Decreased bicep tendon reflex of the right with decreased sensation in the C5-C6 distribution of his right arm. The patient was not able to give full effort when asked to perform grip strength due to pain. No recent diagnostic studies were available for review. Previous treatment included previous surgery physical therapy, medications, and conservative therapy. A request had been made for an electromyography (EMG) of the upper extremity, as well as Lidopro ointment, and was not certified in the pre-authorization process on 5/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of upper extremity: Overturned

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

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

Decision rationale: MTUS ACOEM Guidelines support EMGs and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Based on the clinical documentation provided, the patient was documented as presenting with neck pain, right upper extremity pain and weakness. Physical examination revealed right-sided scapular winging, decreased bicep deep tendon reflexes, as well as muscle mass when compared to contralateral side. Decreased sensation right upper extremity in the C5-C6 distribution of the right arm. Muscle strength was 3/5 in the right upper extremity. After review of the medical documentation, the requested EMG/NCV is considered medically necessary.

Lidopro ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Lidopro is a compounded preparation, which includes Capsaicin, Lidocaine, Menthol, And Methyl Salicylate. Neither Lidocaine, nor Menthol is endorsed by the Chronic Pain Medical Treatment Guidelines for any of the patient's compensable diagnoses. Per the Chronic Pain Medical Treatment Guidelines, when one component of a product is not recommended, the entire product is not recommended for use. Therefore, the request is not medically necessary.