

Case Number:	CM14-0081660		
Date Assigned:	07/18/2014	Date of Injury:	05/09/2012
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Management 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:

According to the records made available for review, this is a 50-year-old female with a 5/9/12 date of injury. At the time (4/26/14) of request for authorization for EMG left upper extremity and NCV upper left extremity, there is documentation of subjective (left arm pain, left shoulder pain, and left wrist/hand pain with numbness into the fingers) and objective (positive Tinel's and Phalen's signs of the left wrist/hand, decreased left wrist/hand range of motion, tenderness at the cubital tunnel on the left, tenderness at the left shoulder with restriction in motion, positive Roos and Apley's tests, absent reflexes in the upper extremity, decreased grip strength of the left hand, and decreased sensation of the left arm and hand) findings, current diagnoses (wrist sprain/strain, hand sprain/strain, and shoulder sprain/strain), and treatment to date (medication, chiropractic therapy, and home exercises). In addition, medical report identifies a request for additional chiropractic visits and left upper extremity EMG/NCV testing.

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 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of wrist sprain/strain, hand sprain/strain, and shoulder sprain/strain. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. However, given documentation of a request for additional chiropractic visits, there is no documentation of failure of additional conservative treatment (chiropractic treatment). Therefore, based on guidelines and a review of the evidence, the request for EMG left upper extremity is not medically necessary.

NCV upper left extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of wrist sprain/strain, hand sprain/strain, and shoulder sprain/strain. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. However, given documentation of a request for additional chiropractic visits, there is no documentation of failure of additional conservative treatment (chiropractic treatment). Therefore, based on guidelines and a review of the evidence, the request for NCV upper left extremity is not medically necessary.