

Case Number:	CM14-0082132		
Date Assigned:	07/21/2014	Date of Injury:	06/04/2009
Decision Date:	10/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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, 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:

This is a patient with a date of injury of 6/4/09. A utilization review determination dated 5/22/14 recommends non-certification of EMG RUE. The 4/5/14 medical report identifies decreased pain, topiramate helpful for managing numbness and burning in hand, TENS has been used with good result, and the medications which help with pain over 50% and maintain active daily living. On exam, there is decreased range of motion, positive Tinel's, Phalen's, Finkelstein's, and Cozen's, as well as tenderness in right lateral epicondyle. The 12/7/13 EMG/NCS of the bilateral upper extremities identified evidence of a right-sided cervical radiculopathy, most likely involving C6. C5 and/or C7 involvement cannot be excluded due to the known overlap in myotomes in this region.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 AND 182.

Decision rationale: Regarding the request for EMG of right upper extremity, CA MTUS and ACOEM state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are some positive findings on exam and the patient underwent EMG and nerve conduction studies of the bilateral upper extremities in December 2013 identifying cervical radiculopathy. However, there is no documentation of any red flags, significant change in symptoms/findings, and/or a clear rationale for repeating the EMG portion of the study for the right upper extremity. In the absence of such documentation, the currently requested EMG of right upper extremity is not medically necessary.