

Case Number:	CM14-0086358		
Date Assigned:	07/23/2014	Date of Injury:	03/10/2013
Decision Date:	10/01/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 44-year-old female who reported an injury on 03/10/2013. The mechanism of injury was not provided for clinical review. The diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain. Previous treatments included medication. The clinical note dated 03/17/2014 reported the injured worker complained of cervical spine pain. She rated her pain 4/10 in severity. She complained of right shoulder pain. He rated her pain 6/10 in severity. The injured worker complained of elbow pain and wrist pain rated 6/10 in severity. Upon the physical examination, the provider noted significant tenderness of the bilateral trapezius. The provider noted the injured worker had limited range of motion of the right shoulder. The provider noted tenderness in the scapula area with limited range of motion. The provider noted the injured worker had limited range of motion of the lumbar spine with tenderness. The clinical documentation submitted was largely illegible. The provider requested an electromyography (EMG) / nerve conduction velocity (NCV) of the upper and lower extremities. However, a rationale is not provided for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for Electromyography of left upper extremity is not medically necessary. California American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within a 4 to 6 week period, electrical studies may be indicated. There is lack of documentation indicating the injured worker tired and failed conservative therapy. There is lack of neurological deficits of the left upper extremity provided for clinical review. Therefore, the request is not medically necessary.

Electromyography of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for Electromyography of right upper extremity is not medically necessary. The California American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within a 4 to 6 week period, electrical studies may be indicated. There is lack of documentation indicating the injured worker tired and failed conservative therapy. There is lack of significant neurological deficits of the right upper extremity such as decreased sensation or motor strength. Therefore, the request is not medically necessary.

Nerve conduction velocity of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for nerve conduction velocity of left upper extremity is not medically necessary. The California American College of Occupational and Environmental Medicine (ACOEM) Guidelines note for most patients presenting with true hand or wrist complaints, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The guidelines also noted nerve conduction velocity including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both lasting more than 3 to 4 weeks. There is lack of documentation indicating the injured worker tried and failed at least 4 to 6 weeks of conservative therapy. There is lack of significant neurological deficit such

as decreased sensation or motor strength of the extremity. Therefore, the request is not medically necessary.

Nerve conduction velocity of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for Nerve conduction velocity of right upper extremity is not medically necessary. The California American College of Occupational and Environmental Medicine (ACOEM) Guidelines note for most patients presenting with true hand or wrist complaints, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The guidelines also noted nerve conduction velocity including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both lasting more than 3 to 4 weeks. There is lack of documentation indicating the injured worker tried and failed at least 4 to 6 weeks of conservative therapy. There is lack of significant neurological deficit such as decreased sensation or motor strength of the extremity. Therefore, the request is not medically necessary.