

Case Number:	CM14-0105742		
Date Assigned:	07/30/2014	Date of Injury:	02/12/2013
Decision Date:	01/02/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 2/2/13. He was seen by his provider on 5/30/14 status post cervical fusion surgery 4 months prior for cervicalgia. His cervical spine exam showed mild pain with terminal range of motion and no paraspinal muscle tenderness. He had a negative Spurling's and Adson's test. His motor exam was normal (5/5) in the upper extremities with symmetric reflexes and negative Babinskis bilaterally. Sensation was intact to light touch and proprioception. At issue in this review is the request for electromyogram of the right and left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram of the left upper extremity.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both,

lasting more than three or four weeks. This injured worker has already had a cervical fusion surgery. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an electromyogram of the left upper extremity. Therefore, Electromyogram of the left upper extremity is not medically necessary.

Electromyogram of the right upper extremity.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker has already had a cervical fusion surgery. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an electromyogram of the right upper extremity. Electromyogram of the right upper extremity is not medically necessary.