

Case Number:	CM14-0194702		
Date Assigned:	12/02/2014	Date of Injury:	10/08/2010
Decision Date:	01/16/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/20/2014

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 Medicine 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 October 8, 2010. A utilization review determination dated November 5, 2014 recommends noncertification of bilateral upper extremity electrodiagnostic studies. Noncertification was recommended due to lack of documentation of physical exam findings of upper extremity radiculopathy. A progress report dated October 16, 2014 identifies subjective complaints of pain in the cervical spine which radiates into the left shoulder. The patient also has left arm, shoulder, hand, and wrist pain rated as 8/10. There is numbness and tingling and weakness. Physical examination findings reveal restricted cervical range of motion and left shoulder range of motion. Sensation is intact to light touch and the patient has a positive Finklestein test. Diagnoses include cervical brachial syndrome, left medial epicondylitis, left carpal tunnel syndrome, left flexor tenosynovitis, neural apraxia, median nerve on the left, fasciitis, left hand/wrist pain, calcified tendinitis of the left shoulder, and status post right breast contusion. The treatment plan recommended bilateral mammogram and nerve conduction velocity/EMG study of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines 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 no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.