

Case Number:	CM14-0212268		
Date Assigned:	01/02/2015	Date of Injury:	08/19/2013
Decision Date:	02/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/18/2014

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 Rehab, 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 patient sustained an injury on 8/19/13 while employed by [REDACTED]. Request(s) under consideration includes Outpatient EMG/NCV of bilateral upper extremities. Diagnoses include neck sprain; shoulder/arm sprain s/p right arthroscopy on 8/10/10 and open RCR; s/p right CTR on 7/2/10; and s/p right elbow decompression of ulnar nerve on 8/29/12. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 12/2/14 from the provider noted continued burning pain in the right hand with associated numbness, tingling and difficulty gripping and grasping. It was noted numbness was worse at night. Previous EMG/NCS showed right ulnar nerve neuropathy with right cubital tunnel syndrome s/p surgical decompression in 2012. The request(s) for Outpatient EMG/NCV of bilateral upper extremities was modified for Right EMG/NCV on 12/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG/NCV of 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): 177 and 178.

Decision rationale: This patient sustained an injury on 8/19/13 while employed by [REDACTED]. Request(s) under consideration include Outpatient EMG/NCV of bilateral upper extremities. Diagnoses include neck sprain; shoulder/arm sprain s/p right arthroscopy on 8/10/10 and open RCR; s/p right CTR on 7/2/10; and s/p right elbow decompression of ulnar nerve on 8/29/12. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 12/2/14 from the provider noted continued burning pain in the right hand with associated numbness, tingling and difficulty gripping and grasping. It was noted numbness was worse at night. Previous EMG/NCS showed right ulnar nerve neuropathy with right cubital tunnel syndrome s/p surgical decompression in 2012. The request(s) for Outpatient EMG/NCV of bilateral upper extremities was modified for Right EMG/NCV on 12/17/14. Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with possible entrapment and/or radiculopathy, medical necessity for EMG/NCV may be established. Submitted reports; however, only demonstrated symptom complaints and clinical findings to suggest possible cervical radiculopathy and/or entrapment syndrome exhibited in the right upper extremity which was authorized and without myotomal weakness or dermatomal sensory on the left side. The Outpatient EMG/NCV of bilateral upper extremities is not medically necessary and appropriate.