

Case Number:	CM14-0090701		
Date Assigned:	07/23/2014	Date of Injury:	09/02/2011
Decision Date:	03/06/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 54 year old female injured worker suffered an industrial accident on 9/2/11. The injured worker worked as a machine operator and while working slipped and fell on a piece of plastic causing her to fall forward landing on the cement floor. The injured worker reported there was immediate pain in the neck, abdomen and right shoulder/ arm/ hand and bilateral knees/ legs with the right greater than the left. The diagnoses at that time were right knee cartilage damage and 3 damaged discs. The injured worker attended 24 sessions of physical therapy, 2 acupuncture sessions, cortisone injections to the right shoulder and MAGNETIC RESONANCE IMAGING of cervical spine and right knee. The diagnoses as of 1/16/2014 were as follows: 1.Right knee arthroscopy with residuals 2.Cervical strain 3. Right shoulder tendinitis 4. Herniated disc syndrome 5. Depression 6. Right carpal tunnel syndrome. The visits on 4/15/2014 and 5/13/2014 described the injured worker's complaints as pain in the neck radiating to the bilateral upper extremities with right greater than left. The exam revealed decreased sensation from the cervical spine, decreased range of motion and myospasm. The UR decision on 6/6/2014 denied the request for EMG/NCV studies because of lack of information to justify the request such as such as diagnostic or exam ambiguity. Also the cervical magnetic resonance imaging explained the cervical radiculopathy. There was uncertainty in the documentation provided as to what additional information would be obtained by the electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremity: Upheld

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

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

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), 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. In this case the patient is experiencing diminished sensation in the C5 and C6 dermatomes with mild weakness in the C5, C6, and C7 myotomes. These physical findings are corroborated by imaging studies. EMG/NCV may be indicated for clarifying diagnoses when the etiology is unclear. Etiology of findings is clear in this case. The request should not be authorized.

NCV of the bilateral upper extremity: Upheld

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

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

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), 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. In this case the patient is experiencing diminished sensation in the C5 and C6 dermatomes with mild weakness in the C5, C6, and C7 myotomes. These physical findings are corroborated by imaging studies. EMG/NCV may be indicated for clarifying diagnoses when the etiology is unclear. Etiology of findings is clear in this case. The request should not be authorized.