

Case Number:	CM15-0002567		
Date Assigned:	01/13/2015	Date of Injury:	08/20/2009
Decision Date:	04/14/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/06/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 44 year old male injured worker suffered and industrial injury on 8/20/2009. The diagnoses were cervical discopathy/radiculitis, right carpal tunnel syndrome and DeQuervain's syndrome, and right lateral epicondyle release. The diagnostic studies were electromyography on 4/25/2012. The treatments were right carpal tunnel release and DeQuervain's release, medications. The treating provider reported continued complaints of pain to the bilateral upper extremities, right wrist pain and numbness but has improved since surgery. The pain in the cervical spine is aggravated by motion. The radiating pain to the upper extremities is associated with headaches. The Utilization Review Determination on 12/4/2014 non-certified electromyography bilateral upper extremities, citing MTUS, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Upper Extremities: Overturned

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): 178-182.

Decision rationale: Per ACOEM: 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Per review of the clinical data provided, the patient evidence of nerve damage and inflammation. EMG would be appropriate as indicated by guidelines cited.