

Case Number:	CM15-0168328		
Date Assigned:	09/09/2015	Date of Injury:	05/06/2013
Decision Date:	10/14/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/26/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 43 year old male, who sustained an industrial injury on 05-06-2013. The injured worker was diagnosed as having anterior decompression and fusion C5-C6 and cervical spondylosis C4-C5. On medical records dated 07-22-2015 and 05-06-2015, the subjective findings noted the neck pain and left arm intermittent numbness and pain in extensor part of forearm, which was noted to have started post operatively. Physical findings were noted as having neck range of motion as 70 degrees on flexion and 70 degrees on extension, and deltoids, biceps, wrist flexion and extension was all noted as 5 out of 5. There was no mention of right upper extremity on physical exam. The injured worker was noted to return to work on 07-23-2015. Treatments to date included surgical intervention and physical therapy. The Utilization Review (UR) dated 08-01-2015, was noted to have a Request for Authorization dated 07-31-2015. The UR submitted for this medical review indicated that the request for EMG (Electromyogram) upper right extremity, was non-certified and the request for NCV (nerve conduction velocity) upper right extremity, was non-certified due to the provider not establishing the medical necessity for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyogram) upper right extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS/ACOEM recommend electrodiagnostic studies of the cervical spine/upper extremities to evaluate specific neurological symptoms/findings, which suggest a neurological differential diagnosis. The rationale or differential diagnosis for the currently requested electrodiagnostic study is not apparent. This request is not medically necessary.

NCV (nerve conduction velocity) upper right extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS/ACOEM recommend electrodiagnostic studies of the cervical spine/upper extremities to evaluate specific neurological symptoms/findings, which suggest a neurological differential diagnosis. The rationale or differential diagnosis for the currently requested electrodiagnostic study is not apparent. This request is not medically necessary.