

Case Number:	CM15-0190713		
Date Assigned:	10/02/2015	Date of Injury:	03/27/2009
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 38 year old male sustained an industrial injury on 3-27-09. Documentation indicated that the injured worker was receiving treatment for cervicgia and chronic right knee, elbow and shoulder pain. Documentation did not disclose previous treatment. In the only assessment submitted for review, a Doctor's First Report of Occupational Injury dated 7-2-15, the injured worker complained of intermittent pain. Objective findings were documented as "positive cervical spine pain, right knee pain, right elbow pain and right shoulder pain." The treatment plan included physical therapy twice a week for six weeks for the cervical spine, magnetic resonance imaging cervical spine, right shoulder and right elbow. On 7-17-15, a request for authorization was submitted for medications (Relafen, Zofran, Cyclobenzaprine, Tramadol, Lunesta and Sumatriptan). On 8-31-15, Utilization Review noncertified a request for electromyography and nerve conduction velocity test of bilateral 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: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV 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, there is no objective documentation of nerve compromise or dysfunction that would warrant the use of EMG/NCV, therefore, the request for EMG/NCV bilateral upper extremities is determined to not be medically necessary.