

Case Number:	CM15-0195523		
Date Assigned:	10/09/2015	Date of Injury:	11/30/2010
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Illinois

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:

The injured worker is a 58 year old female with a date of injury on 11-30-2010. The injured worker is undergoing treatment for rotator cuff syndrome, multilevel spinal fusion and upper extremity tremors and weakness. Physician progress notes dated 05-11-2015 and 09-08-2015 documents the injured worker has pain in the cervical spine and right shoulder with no change since his last visit. On examination, she has bilateral upper extremity tremors. Treatment to date has included medications, status post cervical discectomy with fusion at C4-5, C5-C6, and C6-C7 on 04-28-2014, and physical therapy. An Electromyography and Nerve Conduction Velocity study done on 08-27-2013 revealed evidence of mild to moderate bilateral demyelinating ulnar neuropathies across the elbows. There is also evidence of bilateral axonal median motor mononeuropathies. There is no evidence of radiculopathy. The Request for Authorization dated 09-10-2015 includes an updated Magnetic Resonance Imaging of the cervical spine and an EMG/NCV of the bilateral upper extremity. On 09-15-2015 Utilization Review non-certified the request for EMG/NCV of the bilateral upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The injured worker sustained a work related injury on 11-30-2010. The medical records provided indicate the diagnosis of rotator cuff syndrome, multilevel spinal fusion and upper extremity tremors and weakness. Treatments have included status post cervical discectomy with fusion at C4-5, C5-C6, and C6-C7 on 04-28-2014, and physical therapy. An Electromyography and Nerve Conduction Velocity study done on 08-27-2013 revealed evidence of mild to moderate bilateral demyelinating ulnar neuropathies across the elbows. The medical records provided for review do not indicate a medical necessity for EMG/NCV of the bilateral upper extremity. The MTUS considers neurologic examination and nerve studies as physiologic examination. However, the MTUS recommend such physiologic testing like Nerve testing (EMG/NCV) only in cases where the neurological examination is equivocal. Therefore, EMG/NCV are not medically necessary unless the individual has had through evaluation that includes detailed history and physical. The medical report that recommended these tests did not provide any information on muscle wasting or atrophy, or the circumference of such muscle; neither was there information (history or physical) that was focused on detecting the presence or absence of carpal tunnel syndrome, especially so since the absence of these in nerve studies does not mean the individual does not have early stage carpal tunnel syndrome. The request is not medically necessary.