

Case Number:	CM15-0198880		
Date Assigned:	10/14/2015	Date of Injury:	06/06/2014
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 38 -year-old female who sustained an industrial injury on 6-6-2014. Diagnoses have included discogenic cervical condition with radicular component including headaches and shoulder girdle involvement; impingement syndrome of the right shoulder with bicipital tendinitis. Diagnostic MRI 3-31-2015 of the right shoulder is cited showing hypertrophic changes along the AC joint causing impingement and partial tear of the rotator cuff; brachial plexus irritation on the right upper extremity; medial and lateral epicondylitis on the right, but not to stretch or resisted function; and, an 8-3-2015 physician report states "nerve studies of the upper extremities have been done in my office and are not showing any major findings, I believe, in March 2015." Documented treatment includes medication, TENS unit, physical therapy, and activity limitations. Medication has included Topamax, Ultracet, Naproxen, Flexeril, and Norco. On 9-1-2015 the injured worker was noted as experiencing right upper extremity numbness and tingling, and pain which is worse at night causing her to wake up. Evaluation revealed cervical muscle tenderness with pain along the facets and with facet loading, positive Tinel's at the elbow and the wrist on the right with positive Phalen's and reverse Phalen's tests. The treating physician's plan of care includes electromyogram-nerve conduction velocity study of the bilateral upper extremities. This was modified to the right upper extremity only on 9-10-2015. She is currently not working.

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 extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Procedure Summary Online Version last updated 06/25/2015.

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

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, there is documentation of radiculopathy in right greater than left upper extremity and bilateral upper extremity EMG/NCV is medically necessary.