

Case Number:	CM15-0208607		
Date Assigned:	10/27/2015	Date of Injury:	08/06/2014
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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:

The injured worker is a 49 year old female who sustained an industrial injury on August 06, 2014. The worker is being treated for: right shoulder, arm, left finger, anxiety, depression and insomnia. Subjective: August 05, 2015 she reported complaint of right shoulder with constant pain described as aching, weakness, burning and tingling. The pain travels to her right arm. She is also with complaint of left wrist with constant pain described as sharp and weakness that travels to left hand. She further reports left hand ring finger with constant pain described as shooting, tingling numbness with weakness. In addition, she states having anxiety, depression and insomnia. Objective: August 05, 2015 noted examination of cervical spine WNL with the exception of: forward flexion to 45 degrees, extension to 50 degrees and rotation at 65 degrees. Shoulders noted with extension right 25 degrees left 50 degrees; abduction right 90 degrees; adduction right at 25 degrees and left at 50 degrees; internal rotation right 60 degrees and external rotation right at 65 degrees. There is a positive impingement on the right. The wrist and hands noted dorsiflexion left at 45 degrees; volar flexion left at 45 degrees; radial deviation left at 15 degrees and ulnar deviation left at 20 degrees. The left hand is found with positive testing on: Tinel's, Phalen's. Medication: August 05, 2015: "no medications noted." Diagnostic: radiographic study 2014, March 2015 radiographic study of right shoulder. Treatment: activity modification, physical therapy, medication. On September 24, 2015 a request was made for EMG NCV testing of bilateral upper extremities that was noncertified by Utilization Review on September 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the Bilateral upper extremities: 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.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any radicular symptoms to support for the EMG or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse complaints; however, exam showed intact sensation without specific weakness or atrophy. The Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremities is not medically necessary and appropriate.