

Case Number:	CM15-0049881		
Date Assigned:	03/23/2015	Date of Injury:	05/03/2014
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/16/2015

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:

The injured worker is a 61 year old female, who sustained an industrial injury on 5/3/2014. The current diagnoses are cervical sprain with possible radiculopathy and right shoulder sprain with possible derangement. According to the progress report dated 12/15/2014, the injured worker complains of neck pain that radiates to her right upper extremity associated with numbness and tingling. Additionally, she reports right shoulder pain as well. The current medications are Advil. Treatment to date has included medication management, physical therapy, ice, heat, and stretching. The plan of care includes EMG/NCV of the 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 right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition Chapter: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: MTUS/ACOEM recommend electrodiagnostic studies of the cervical spine/upper extremities if to evaluate specific neurological symptoms/findings which suggest a neurological differential diagnosis. An initial physician review stated that the records suggest carpal tunnel syndrome but that this study is not medically necessary due to the lack of initial conservative treatment; the guidelines, however, recommend this study if there are neck or arm symptoms lasting more than 3-4 weeks, which is the case here. Thus this request is supported by the guidelines as medically necessary.

EMG/NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition Chapter: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: MTUS/ACOEM recommend electrodiagnostic studies of the cervical spine/upper extremities if to evaluate specific neurological symptoms/findings which suggest a neurological differential diagnosis. An initial physician review stated that there is no documented indication for bilateral studies; however, bilateral studies are indicated for comparative purposes in performing and interpreting electrodiagnostic studies. Thus this request is supported by the guidelines as medically necessary.