

Case Number:	CM15-0055423		
Date Assigned:	03/30/2015	Date of Injury:	07/27/2014
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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, Massachusetts
 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 62-year-old male, who sustained an industrial injury on 7/27/14. He has reported slipping and falling at work injuring left elbow and left small finger. The diagnoses have included cervical sprain, degenerative disc disease (DDD) with possible left upper extremity radiculitis status post left shoulder strain, status post left small finger sprain with restricted range of motion and lumbar sprain. Treatment to date has included medications, diagnostics, occupational therapy, splinting, and therapeutic Home Exercise Program (HEP). The Magnetic Resonance Imaging (MRI) left shoulder was done on 1/6/15 and showed no evidence of rotator cuff tear, mild AC joint arthritis. The current medications included Ibuprofen. Currently, as per the physician progress note dated 3/3/15, the injured worker complains of pain and weakness in the left hip and shoulder. The physical exam revealed cervical spine tenderness and decreased range of motion. The left shoulder revealed tenderness, decreased range of motion, positive impingement test, positive crossover test and slight positive O'Brien's test. There was left small finger swelling and limited motion with tenderness. There was decreased sensation C6-7 dermatome on the left. The lumbar spine revealed tenderness, decreased range of motion, and positive straight leg raise for low back pain on the left. Work status was modified duty. The physician requested treatments included EMG of the bilateral upper extremities and 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 of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter.

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

Decision rationale: The UR states that the requested treatment is not clinically indicated since there "were no neurologic deficit findings submitted on examination for DTR, motor, or sensory in either of the upper extremities to support a potential for a radiculopathy... additionally, it does not appear that the patient has completed an initial clinical trial of conservative therapy." From my review of the records, the patient reports cervical radicular symptoms radiating to the upper extremity, there is report of weakness and decreased sensation at C6-7 dermatome on physical exam. Considering these clinical findings and the cited guidelines which state, "EMG and NCV may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting for more than three weeks", the requested EMG does appear to be medically necessary and appropriate in accordance with the cited guidelines. As well, it does appear that the patient has undergone initial conservative therapy with medications and stretching with limited efficacy.

NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: The UR states that the requested treatment is not clinically indicated since there "were no neurologic deficit findings submitted on examination for DTR, motor, or sensory in either of the upper extremities to support a potential for a radiculopathy... additionally, it does not appear that the patient has completed an initial clinical trial of conservative therapy." From my review of the records, the patient reports cervical radicular symptoms radiating to the upper extremity, there is report of weakness and decreased sensation at C6-7 dermatome on physical exam. Considering these clinical findings and the cited guidelines which state, "EMG and NCV may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting for more than three weeks" and ODG guidelines which state, "NCS are recommended to differentiate radiculopathy from other neuropathies or non-neuropathic processes", the requested NCS does appear to be medically necessary and appropriate in accordance with the cited guidelines. As well, it does appear that the patient has undergone initial conservative therapy with medications and stretching with limited efficacy.