

Case Number:	CM15-0083653		
Date Assigned:	05/05/2015	Date of Injury:	04/20/2013
Decision Date:	06/18/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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: 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 48 year old female, who sustained an industrial injury on 4/20/13. She reported an elevator door closed on her right arm and caused pain. The injured worker was diagnosed as having carpal tunnel syndrome, epicondylitis, wrist sprain and peri-arthritis of the shoulder. Treatment to date has included an IF unit, a cervical MRI and oral and topical medications. As of the PR2 dated 4/2/15, the injured worker reports 7/10 pain in her neck and bilateral extremities. She also reported numbness and tingling in the right upper extremity. Objective findings include severe grip weakness, decreased range of motion in the cervical spine and tenderness in the cervical and upper thoracic muscles. The treating physician requested EMG/NCV study of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The injured worker has a documented subjective history of pain in the right shoulder, arm, elbow, forearm, wrist and hand as well as pain to the left shoulder. Additionally there is objective evidence of associated numbness and grip weakness. The request for EMG/NCV Upper Extremities is determined to be medically necessary.