

Case Number:	CM14-0119562		
Date Assigned:	08/06/2014	Date of Injury:	12/27/2013
Decision Date:	10/07/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 41 year-old individual was reportedly injured on 12/27/2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 8/14/2014, indicates that there are ongoing complaints of neck, and right upper extremity pain. The physical examination demonstrated cervical spine: decreased range of motion with muscle spasm, guarding, and tenderness noted. Numbness is present in the right upper extremity over the C6-C7 dermatome with radiation of pain to the right upper extremity over the C6 dermatome of the right shoulder. Positive impingement sign, positive tenderness to palpation right elbow over the lateral condyle and pain with resisted wrist extension. Positive tenderness to palpation of the medial epicondyle on the right wrist. Positive Phalen's, C7 dermatome with weakness and tenderness over the posterior deltoid. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for EMG/NCV of the bilateral upper extremities. And was not certified in the pre-authorization process on 6/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) Nerve Conduction Studies (NCV): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. EMG is not recommended for patients with subacute or chronic spine pain who do not have significant arm or leg pain, paresis or numbness. After review the medical records provided there was no diagnostic studies to include a CT scan or MRI, therefore this request is deemed not medically necessary.