MAXIMUS Federal Services

Case Number:	CM14-0162440		
Date Assigned:	10/07/2014	Date of Injury:	11/16/2012
Decision Date:	11/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 36-year-old with a reported date of injury of 11/16/2012. The patient has the diagnoses of. Per the most recent progress reports provided by the primary treating physician for review dated 08/27/2014, the patient had complaints of chronic pain in the left wrist, cervical spine and left shoulder. Previous MRI of the wrist dated 07/03/2014 was reported to only show a ganglion cyst. The physical exam noted pain with flexion and extension in the wrist bilaterally with decreased grip strength in the left hand. There was also mild spasm and tenderness in the paravertebral muscles of the cervical spine. Treatment plan recommendations included medication refill, request for chiropractic care and electrodiagnostic studies 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 of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter (updated 08/04/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states:Criteria for ordering imaging studies are:- Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoidsurgery- Clarification of the anatomy prior to an invasive procedurePhysiologic evidence may be in the form of definitive neurologic findings onphysical examination, electrodiagnostic studies, laboratory tests, or bone scans.Unequivocal findings that identify specific nerve compromise on the neurologicexamination are sufficient evidence to warrant imaging studies if symptomspersist. When the neurologic examination is less clear, however, furtherphysiologic evidence of nerve dysfunction can be obtained before orderingan imaging study. Electromyography (EMG), and nerve conduction velocities(NCV), including H-reflex tests, may help identify subtle focal neurologicdysfunction in patients with neck or arm symptoms, or both, lasting morethan three or four weeks. The assessment may include sensory-evoked potentials(SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologicevidence indicates tissue insult or nerve impairment, consider a discussionwith a consultant regarding next steps, including the selection of an imagingtest to define a potential cause (magnetic resonance imaging [MRI] for neuralor other soft tissue, compute tomography [CT] for bony structures). Additionalstudies may be considered to further define problem areas. The recentevidence indicates cervical disk annular tears may be missed on MRIs. Theclinical significance of such a finding is unclear, as it may not correlate temporallyor anatomically with symptoms.The provided documentation does not show any signs of emergence of red flags or physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. Per the progress notes the studies were ordered to rule out peripheral nerve entrapment disorder and functional capacity evaluation to systematically document the patient's physical abilities. This is not an indication per the ACOEM guidelines for upper extremity electrodiagnostic studies. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore the request is not certified.

NCV of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter (updated 08/04/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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