

Case Number:	CM14-0182653		
Date Assigned:	11/07/2014	Date of Injury:	03/06/2014
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine and is licensed to practice in New York and 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:

This 35 year old woman claims injury 3/6/14, and has arm pain, including right lateral epicondylitis. The etiology is described as a repetitive strain injury. Her physician is requesting a cervical MRI and EMG/NCS of bilateral upper extremities to show that she has no pathology from computer work.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCS (nerve conduction study) of the bilateral upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: She has decreased ROM of the right arm. She has normal ROM of the neck without complaints. Her strength is normal, 5/5. Her latest physician notes that he cannot imagine electrodiagnostic findings, which would explain her symptoms. The treating physician opined that she could perform regular duty. She complains of severe pain with just a couple hours of typing and her treating physician could not explain this with a near normal examination.

The ACOEM treatment guidelines portion of the MTUS note that special studies, like EMG or MRI, may be ordered if neurological findings exist. The patient is insistent on getting studies because she knows of others who have obtained them. There are none, and medically necessity has not been established. The denial is upheld.

MRI (magnetic resonance imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: She has decreased ROM of the right arm. She has normal ROM of the neck without complaints. Her strength is normal, 5/5. The treating physician opined that she could perform regular duty, and has essentially normal findings. She complains of severe pain with just a couple hours of typing and her treating physician could not explain this with a near normal examination. The ACOEM treatment guidelines portion of the MTUS note that special studies, like EMG or MRI, may be ordered if neurological findings exist. . The patient is insistent on getting studies because she knows of others who have obtained them. There are none, and medically necessity has not been established. The denial is upheld.