

Case Number:	CM14-0182873		
Date Assigned:	11/07/2014	Date of Injury:	12/08/2012
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 patient sustained a right hand injury on 12/8/12 when she struck her right hand on a sink while cleaning a mirror during employment with [REDACTED]. Request(s) under consideration include EMG/NCV of the right upper extremity. Diagnoses include Shoulder/arm sprain; exostosis. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 10/3/14 from the provider noted the patient with ongoing chronic neck and shoulder symptoms. Exam showed cervical paraspinal muscle tenderness; right shoulder impingement test without neurological deficits identified in the upper extremities except noted right bicep weakness, but with normal elbow flexion findings. Previous noted cervical spine MRI was unremarkable. Report of 10/17/14 noted unchanged symptom complaints rated at 6-7/10 pain. Exam showed limited neck range from pain; negative Spurling's; intact sensation in all dermatomes and motor strength 5/5 throughout bilateral upper extremities; with DTRs 2+ and negative Phalen's, Tinel's, and Finkelstein's. The request(s) for EMG/NCV of the right upper extremity was non-certified on 10/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine Disorders

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

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings with negative Spurling's, Phalen's, Tinel's, intact sensation and motor strength to suggest any radiculopathy or entrapment syndrome only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG/NCV of the right upper extremity is not medically necessary and appropriate.