

Case Number:	CM14-0098931		
Date Assigned:	07/28/2014	Date of Injury:	05/10/2013
Decision Date:	10/08/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal Medicine, Pulmonary Diseases 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:

The injured worker is a 55-year-old male who reported an injury on 05/10/2013 after a fall through a hole. The injured worker reportedly sustained an injury to his head, neck, left shoulder and left arm. The injured worker was evaluated on 04/28/2014. Physical findings included decreased range of motion of the left shoulder with a positive impingement sign, and decreased range of motion of the lumbar spine and cervical spine. The injured worker's diagnoses included cervical spine strain/sprain, headaches, and left shoulder impingement syndrome. A request was made for electrodiagnostic studies of the bilateral upper extremities. No justification for the request was provided. There was no request for authorization form submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Electromyography (EMG)

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

Decision rationale: The requested electromyography, right upper extremity, is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies when there is nonfocal evidence of radiculopathy that require a more precise delineation between radicular symptoms and peripheral nerve impingement. The clinical documentation submitted for review does not provide any evidence of radicular findings or peripheral nerve impingement that would benefit from confirmatory electrodiagnostic testing. Therefore, the need for an electromyography is unsupported. As such, the requested electromyography for the right upper extremity is not medically necessary or appropriate.

Electromyography (EMG) left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Electromyography (EMG)

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

Decision rationale: The requested electromyography, left upper extremity, is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies when there is nonfocal evidence of radiculopathy that require a more precise delineation between radicular symptoms and peripheral nerve impingement. The clinical documentation submitted for review does not provide any evidence of radicular findings or peripheral nerve impingement that would benefit from confirmatory electrodiagnostic testing. Therefore, the need for an electromyography is unsupported. As such, the requested electromyography for the left upper extremity is not medically necessary or appropriate.

Nerve Conduction Velocity (NCV) right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Nerve conduction studies (NCS)

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

Decision rationale: The requested nerve conduction velocity, right upper extremity, is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies when there is nonfocal evidence of radiculopathy that require a more precise delineation between radicular symptoms and peripheral nerve impingement. The clinical documentation submitted for review does not provide any evidence of radicular findings or peripheral nerve impingement that would benefit from confirmatory electrodiagnostic testing. Therefore, the need for nerve conduction velocity is unsupported. As

such, the requested nerve conduction velocity for the right upper extremity is not medically necessary or appropriate.

Nerve Conduction Velocity (NCV) left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Nerve conduction studies (NCS)

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

Decision rationale: The requested nerve conduction velocity, left upper extremity, is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies when there is nonfocal evidence of radiculopathy that require a more precise delineation between radicular symptoms and peripheral nerve impingement. The clinical documentation submitted for review does not provide any evidence of radicular findings or peripheral nerve impingement that would benefit from confirmatory electrodiagnostic testing. Therefore, the need for nerve conduction velocity is unsupported. As such, the requested nerve conduction velocity for the left upper extremity is not medically necessary or appropriate.