MAXIMUS Federal Services

Case Number:	CM14-0150036		
Date Assigned:	09/18/2014	Date of Injury:	11/03/2013
Decision Date:	03/13/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old female who reported an injury on 11/03/2013. The mechanism of injury was not provided. On 07/28/2014, the injured worker presented with complaints of pain in the head, neck, left shoulder, left arm, left elbow, left wrist, and left hand. The pain was associated with numbness, tingling, and weakness in the left arm.Current medications included Lidoderm patch and Voltaren gel. Upon examination of the cervical spine, there was full range of motion in all planes and tenderness to palpation over the left superior trapezius. There was no spinal process tenderness or masses present over the cervical spine. There was a Spurling's maneuver bilaterally. Examination of the left shoulder revealed range of motion to forward flexion of 100 degrees and abduction in 110 degrees. There was external rotation to 50 degrees and internal rotation to 65 degrees with a 10 degree extension. There was tenderness to palpation over the anterior and posterior aspects of the shoulder, and a negative Hawkins bilaterally. There was 5/5 strength and diminished sensation over the C5, C6, C7, C8, and T1 dermatomes in the upper extremities. The diagnoses were crush injury of the left thumb. Left upper extremity pain, and rule out peripheral neuropathy.The provider's treatment plan included a nerve conduction study of the bilateral upper extremities and electromyography of the bilateral upper extremities. There was no rationale provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Electromyography

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

Decision rationale: The request for an EMG left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state that EMG and nerve conduction velocity, including H-reflex tests, may be helpful to identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that a nerve conduction study is not recommended, as there is minimal justification for performing a nerve conduction study when there is presumed to be symptoms on the basis of radiculopathy.The provider's rationale for the request was to rule out peripheral neuropathy. The included medical documentation lacked evidence of the injured worker's failure to respond to initially recommended conservative treatment. There was decreased sensation. However, there was no muscle weakness noted on physical examination. There was no evidence of positive provocative testing that would reveal nerve impingement. As such, medical necessity has not been established.

NCS right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Velocities

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The request for an NCS right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state that EMG and nerve conduction velocity, including H-reflex tests, may be helpful to identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that a nerve conduction study is not recommended, as there is minimal justification for performing a nerve conduction study when there is presumed to be symptoms on the basis of radiculopathy. The provider's rationale for the request was to rule out peripheral neuropathy. The included medical documentation lacked evidence of the injured worker's failure to respond to initially recommended conservative treatment. There was decreased sensation. However, there was no muscle weakness noted on physical examination. There was no evidence of positive provocative testing that would reveal nerve impingement. As such, medical necessity has not been established.

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