

Case Number:	CM15-0115290		
Date Assigned:	06/23/2015	Date of Injury:	11/07/2014
Decision Date:	07/31/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year-old female who sustained an industrial injury on 11/07/14. She reports pain to the right upper shoulder and neck status post fall. Initial diagnoses were strain/sprain of the shoulder, cervicgia, and pain in joint-shoulder. Radiographic imaging of the cervical spine and shoulder demonstrated no acute fracture. Treatments include anti-inflammatory/analgesic/muscle relaxant medication and physical therapy. In a progress noted dated 05/04/15 the injured worker reports cervical spine and right upper extremity pain. Treatments to date include physical therapy, acupuncture, continuation of medications, and cervical epidural steroid injection. Physical examination is significant for muscle spasms to the cervical spine with decreased range of motion, decreased sensation to the right hand, and right upper extremity muscle weakness. Current diagnoses include cervical spine strain with disc and right radiculitis, possible derangement right shoulder. Treatment recommendations include orthopedic spine surgeon consultation, and right upper extremity EMG/NCV. The injured worker is under temporary total disability. Date of Utilization Review: 05/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of 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) - Electrodiagnostic testing (EMG/NCS).

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, a recent MRI of the cervical spine revealed no evidence of radiculopathy. There is no discussion of the treatment plan post EMG/NCV of the upper extremity. The request for EMG/NCV of right upper extremity is not medically necessary.