

Case Number:	CM15-0170138		
Date Assigned:	09/10/2015	Date of Injury:	05/05/2015
Decision Date:	10/27/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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 43 year old female, who sustained an industrial injury on 5-5-15. The injured worker is undergoing treatment for pain in limb-arm, late effect of sprain-strain and forearm pain. Medical records dated 6-24-15 indicate the injured worker complains of back and worsening arm pain with burning radiating down both arms. The pain is described as sharp and burning improved with rest and increased with activity. She reports Tramadol helps at night "but overall she still has inadequate analgesia." She has been approved for physical therapy. Physical exam notes biceps, elbow and forearm tenderness to palpation. Treatment to date has included Tramadol and shoulder X-rays (7-13-15) revealing left shoulder tendinitis and unremarkable elbow X-rays (7-13-15). The original utilization review dated 7-30-15 indicates the request for electromyogram and nerve conduction study of left and right upper extremities is non-certified noting physical exam did not indicate neurological deficits.

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 Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. The medical record fails to document radicular-type arm symptoms. EMG left upper extremity is not medically necessary.

NCS right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. The medical record fails to document radicular-type arm symptoms. NCS right upper extremity is not medically necessary.

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