

Case Number:	CM15-0061650		
Date Assigned:	04/07/2015	Date of Injury:	05/07/2011
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/01/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 53 year old female, who sustained an industrial injury on May 7, 2011. She reported neck, left shoulder, and left arm injuries. The injured worker was diagnosed as having cervical spine sprain/strain and shoulder sprain/strain. Treatment to date has included MRIs, CT scan, electrodiagnostic studies, physical therapy, and medications including pain, muscle relaxant, anti-anxiety, and non-steroidal anti-inflammatory. On March 18, 2015, the injured worker complains of frequent pain and numbness of bilateral hands - mostly the 1st-3rd finger, painful left shoulder movements, frequent moderate neck pain that occurs almost daily, and frequent headaches with severe migraine once a month. The physical exam revealed negative Waddell's signs, intact sensation of the upper extremities, the proximal muscles of the left upper extremity were not tested due to pain, and normal deep tendon reflexes. She underwent electromyography/nerve conduction velocity (EMG /NCV) studies of the bilateral upper extremities on this date. The requested treatment is electromyography/nerve conduction velocity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - upper extremity, EMG.

Decision rationale: The medical records report persistent numbness and tingling symptoms in the hands but do not document any focal neurologic changes on examination. ODG supports that Indications when particularly helpful: EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records do not document any focal neurologic changes, a new EMG is not supported under ODG guidelines. The request is not medically necessary.