

Case Number:	CM15-0066550		
Date Assigned:	04/14/2015	Date of Injury:	06/12/2010
Decision Date:	06/16/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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:

This 27 year old woman sustained an industrial injury on 6/12/2010 after a forklift struck her while inside a freezer. Diagnoses include cervical disc syndrome, left upper extremity radiculopathy, and rule out left carpal tunnel syndrome. Treatment has included oral medications, activity modifications, surgical intervention, and cortisone injections. Physician notes dated 3/6/2015 show complaints of neck, left shoulder, left elbow, and left hand/wrist pain. Recommendations include electromyogram/nerve conduction studies of the bilateral upper extremities, send complete medical records including MRI and QME.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV RIGHT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: Per the 03/06/15 report the requesting physician states the patient presents with neck pain radiating down the left arm, forearm and hand. The current request is for EMG/NCV RIGHT UPPER EXTREMITY. The RFA included is dated 03/23/15. The patient may continue working regular duty, but it is unclear if the patient is currently working. ACOEM page 178 (cervical chapter) and 260-262 (wrist chapter) state, "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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, test may be repeated later in the course of treatment if symptoms persist." ACOEM page 178 (cervical chapter) and 260-262 (wrist chapter) states, "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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." The reports provided for review state EMG/NCV was authorized and completed for the LUE on 04/14/15. A copy of this report is included for review. Per the 04/03/15 report, the current request for the RUE was made for comparison purposes but was denied by the 03/30/15 utilization review. In this case, no evidence is provided of focal neurologic dysfunction lasting more than three to four weeks of the right upper extremities as required by the above guidelines. There is no medical evidence that opposite, asymptomatic limb electrical studies are needed for comparison. The request IS NOT medically necessary.