

Case Number:	CM15-0072006		
Date Assigned:	04/22/2015	Date of Injury:	01/22/2015
Decision Date:	06/26/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, Florida, 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 33 year old female, who sustained an industrial injury on 1/22/2015. She reported electrical shock while holding two heat lamps. The injured worker was diagnosed as having electrical shock. Treatment to date has included medications, electrocardiogram, x-rays, and laboratory evaluations. The request is for electrodiagnostic studies of the bilateral upper extremities. On 1/28/2015, she reported chest pain, shortness of breath, and tingling through both hands and arms. She had been treated in the emergency room on the date of the injury. On 2/4/2015, she had no changes in symptomology. The treatment plan included: Naproxen, and modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This claimant was injured in January from an electrical shock holding two heat lamps. As of 1-28-15, she had chest pain, shortness of breath, and subjective tingling. As of February, there were no changes. There were no noted objective or equivocal signs of neural signs on physical examination. There was documentation of subjective pain. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As shared previously, this claimant was injured in January from an electrical shock holding two heat lamps. As of 1-28-15, she had chest pain, shortness of breath, and subjective tingling. As of February, there were no changes. There were no noted objective or equivocal signs of neural signs on physical examination. There was documentation of subjective pain. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Once again, this claimant was injured in January from an electrical shock holding two heat lamps. As of 1-28-15, she had chest pain, shortness of breath, and subjective tingling. As of February, there were no changes. There were no noted objective or equivocal signs of neural signs on physical examination. There was documentation of subjective pain. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.

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Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As previously discussed, this claimant was injured in January from an electrical shock holding two heat lamps. As of 1-28-15, she had chest pain, shortness of breath, and subjective tingling. As of February, there were no changes. There were no noted objective or equivocal signs of neural signs on physical examination. There was documentation of subjective pain. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.