

Case Number:	CM15-0073137		
Date Assigned:	04/23/2015	Date of Injury:	07/10/2014
Decision Date:	06/11/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/16/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 31 year old female, who sustained an industrial injury on 7/10/2014. She reported injury of her nose, left eye, head and neck. The injured worker was diagnosed as having status post incidental left orbital injury with the patient's left thumb, headaches, forgetfulness, gait imbalance, neck pain with left arm paresthesia's. Treatment to date has included medications, physical therapy, and computed tomography scan. The request is for electrodiagnostic studies of the left upper extremity. On 12/17/2014, she complained of constant neck pain, which increases when in a soft chair, and her left arm feeling heavier or numb at times. The records indicate the left arm paresthesias are improving with physical therapy. The treatment plan included request for nerve conduction studies, and electromyogram of the left upper extremity, and magnetic resonance imaging of the cervical spine. On 1/5/2015, electrodiagnostic studies were completed which revealed normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG)/Nerve conduction study (NCS) for left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant was evaluated with EMG and NCV in 2012. The submitted records do not describe any worsening or substantial change in his symptoms after the time of the initial EMG and NCV. There is no documentation to support the medical necessity for repeat testing within such a short time period. The request is not medically necessary and I uphold the non-certification of NCV of left extremity.