

Case Number:	CM13-0015133		
Date Assigned:	11/06/2013	Date of Injury:	09/30/2011
Decision Date:	02/21/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old female who reported a work-related injury on 9/30/11. The patient is currently diagnosed with left elbow epicondylitis, rule out left radial tunnel syndrome, lumbar spine sprain, right knee chondromalacia patella, and right ankle and foot rule out internal derangement. The patient was seen by [REDACTED] on 9/18/13. Physical examination revealed muscle guarding and spasm along the dorsal paraspinal musculature, tenderness along the bilateral lumbar paraspinal musculature, tenderness anteriorly and medially at the right knee, and tenderness along the lateral aspect of the right ankle and foot. Treatment recommendations included MRI of the lumbar spine, left elbow, right knee, right ankle, and right foot, as well as EMG/NCV studies of the bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for EMG of the bilateral upper extremities: 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 Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. As per the clinical notes submitted, the patient does not demonstrate any active neurologic symptoms or neurologic complaints. Therefore, the medical necessity as not been established. As such, the request is non-certified.

The request for NCS of the bilateral upper extremities: 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 Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM Guidelines state that nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. As per the clinical notes submitted, the patient does not demonstrate any active neurologic symptoms or neurologic complaints. Therefore, the medical necessity as not been established. As such, the request is non-certified.

The request for EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. As per the clinical notes submitted, the patient's physical examination on the requesting date of 9/18/13 only revealed tenderness to palpation with muscle guarding and spasm along the lumbar spine. There was no documentation of neurologic deficit in either of the lower extremities. The medical necessity for the requested service has not been established; therefore, the request is non-certified.

The request for NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state that nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. As per the clinical notes submitted, the patient's physical examination on the requesting date of 9/18/13 only revealed tenderness to palpation with muscle guarding and spasm along the lumbar spine. There was no documentation of neurologic deficit in either of the lower extremities. The medical necessity for the requested service has not been established; therefore, the request is non-certified.