

Case Number:	CM13-0020048		
Date Assigned:	10/11/2013	Date of Injury:	06/17/2011
Decision Date:	01/27/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Ohio and 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 50-year-old female who reported an injury on 06/17/2011. The patient was recently seen by [REDACTED] on 09/19/2013. Physical examination was not provided. The patient complained of abdominal pain. The patient was diagnosed with constipation, abdominal pain, and diabetes mellitus. Treatment recommendations included an ultrasound Doppler of the left lower extremity to rule out thrombophlebitis. The patient was previously seen by [REDACTED] on 06/05/2013. Physical examination revealed no acute distress, and intact sensation. Treatment recommendations included continuation of current medications and a return office visit in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 electromyography (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute and Chronic).

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 (ODG) Treatment Index, 11th Edition (web), 2013, Neck & Upper Back Chapter, Electromyography

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and 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 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by an EMG and obvious clinical signs. Electromyography is an option in selected cases. As per the clinical notes submitted, the patient's physical examinations do not reveal significant musculoskeletal or neurological deficit with regard to bilateral upper extremities. The medical necessity for the requested service has not been established. As such, the request is non-certified.

1 nerve conduction velocity (NCV/NCS) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute and Chronic).

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 (ODG) Treatment Index, 11th Edition (web), 2013, Neck & Upper Back Chapter, Nerve conduction studies (NCS).

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and 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 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by an EMG and obvious clinical signs. Electromyography is an option in selected cases. As per the clinical notes submitted, the patient's physical examinations do not reveal significant musculoskeletal or neurological deficit with regard to bilateral upper extremities. The medical necessity for the requested service has not been established. As such, the request is non-certified.