MAXIMUS Federal Services

Case Number:	CM13-0021405		
Date Assigned:	10/11/2013	Date of Injury:	12/11/2001
Decision Date:	02/03/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Georgia 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 45-year-old female who reported a work-related injury on 12/11/2001. The injury was to the bilateral upper extremities as a result of repetitive motion. The most recent clinical note submitted for review is dated 06/25/2012 indicative of an agreed medical re-evaluation of the patient. The provider documents the patient has undergone carpal tunnel release, trigger thumb release, and right shoulder arthroscopy (specific dates of procedures not stated) and gives a review of the patient's course of treatment since the date of injury. The provider also documents that the patient was recommended to undergo electrodiagnostic studies of the bilateral upper and lower extremities in 01/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right 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.

Decision rationale: The current request is not supported. The clinical notes failed to provide a recent clinical picture of the patient's condition. The most recent clinical note submitted for

review is dated from 06/2012. The clinical notes fail to document what the patient's current objective findings, subjective complaints and recent course of treatment has been. In addition, it is unclear when the patient last underwent electrodiagnostic studies, as the patient was recommended to undergo electrodiagnostic studies of the bilateral upper and lower extremities in 01/2012. Given the lack of documentation evidencing any recent physical exam findings of neurological dysfunction, sensory deficits, or reflex or motor deficits, the request is not supported. California MTUS/ACOEM indicates electromyography studies are utilized to identify subtle focal neurologic dysfunction in patients with upper back symptoms lasting more than 3 or 4 weeks. Given all of the above, the request for EMG right upper extremity is not medically necessary or appropriate.

. EMG 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.

Decision rationale: The current request is not supported. The clinical notes failed to provide a recent clinical picture of the patient's condition. The most recent clinical note submitted for review is dated from 06/2012. The clinical notes fail to document what the patient's current objective findings, subjective complaints and recent course of treatment has been. In addition, it is unclear when the patient last underwent electrodiagnostic studies, as the patient was recommended to undergo electrodiagnostic studies of the bilateral upper and lower extremities in 01/2012. Given the lack of documentation evidencing any recent physical exam findings of neurological dysfunction, sensory deficits, or reflex or motor deficits, the request is not supported. California MTUS/ACOEM indicates electromyography studies are utilized to identify subtle focal neurologic dysfunction in patients with upper back symptoms lasting more than 3 or 4 weeks. Given all of the above, the request for EMG left upper extremity is not medically necessary or appropriate.

NCV Right 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,Postsurgical Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical notes failed to provide a recent clinical picture of the patient's condition. The most recent clinical note submitted for review is dated from 06/2012. The clinical notes fail to document what the patient's current objective findings, subjective complaints and recent course of treatment has been. In addition, it is unclear when the patient last underwent electrodiagnostic studies, as the patient was recommended to undergo electrodiagnostic studies of the bilateral upper and lower extremities in

01/2012. Given the lack of documentation evidencing any recent physical exam findings of neurological dysfunction, sensory deficits, or reflex or motor deficits, the request is not supported. California MTUS/ACOEM indicates electromyography studies are utilized to identify subtle focal neurologic dysfunction in patients with upper back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines indicate there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Given all of the above, the request for NCV right upper extremity is not medically necessary or appropriate.

NCV 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: The current request is not supported. The clinical notes failed to provide a recent clinical picture of the patient's condition. The most recent clinical note submitted for review is dated from 06/2012. The clinical notes fail to document what the patient's current objective findings, subjective complaints and recent course of treatment has been. In addition, it is unclear when the patient last underwent electrodiagnostic studies, as the patient was recommended to undergo electrodiagnostic studies of the bilateral upper and lower extremities in 01/2012. Given the lack of documentation evidencing any recent physical exam findings of neurological dysfunction, sensory deficits, or reflex or motor deficits, the request is not supported. California MTUS/ACOEM indicates electromyography studies are utilized to identify subtle focal neurologic dysfunction in patients with upper back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines indicate there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Given all of the above, the request for NCV left upper extremity is not medically necessary or appropriate.