

Case Number:	CM13-0045519		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2013
Decision Date:	02/27/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This is at 57 year-old male with a 9/30/13 industrial injury claim. There is no specific injury mentioned in the records. The earliest report available is from [REDACTED], dated 10/16/13. He reports the patient works as a technician and developed numbness and tingling, no pain, in both hands and the left foot. The paresthesia in the left hand involves the 3rd and 4th digits. The numbness in the foot makes it difficult for him to climb a ladder at work. He was diagnosed with joint strain and neck sprain/strain and paresthesia both hands and both feet. [REDACTED] noted decreased sensation on the ulnar border of the hands and paresthesia at both knees, and most pronounced at the left foot. He requested EMG/NCV BUE and BLE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 178 260-262 303 366-367.

Decision rationale: The patient presents with gradual onset of numbness and tingling in both hands and left foot, without pain. The symptoms came on over a period of 3 months, but the industrial claim date was recorded as 9/30/13. There also balance problems, with positive Rombergs, which was discovered when he tried to pass a driving physical. Physical exam documented decreased sensation ulnar border of the hands, both knees and left foot greater than right foot. The paresthesia in the left foot was affecting his ability to climb ladders at this work. For the neck and upper extremities, MTUS/ACOEM states: "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." For the lower back, MTUS/ACOEM states ""Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." For the feet, MTUS/ACOEM states: "Examination of lumbosacral nerve root function also is in order because L5 radiculopathy can affect the foot and toe extensors and S1 radiculopathy can affect plantar flexion (see Chapter 12). Patients with peripheral neuropathy (e.g., diabetics) may have decreased sensation in the foot or ankle and neuropathic joints presenting as acute swelling or inflammation. Peripheral nerve entrapment may be manifested as foot drop if the peroneal nerve at the knee is involved or, rarely, as a tarsal tunnel syndrome, presenting as numbness of the plantar surface of the foot and toes" The request for the EMG/NCV including both upper and both lower extremities is in accordance with MTUS/ACOEM guidelines.