

Case Number:	CM13-0053586		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2009
Decision Date:	07/23/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Physical Medicine Rehabilitation, has a subspecialty in Internal Medicine, and is licensed to practice in New York. 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/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 injured worker is a 42 year old woman with a date of injury of 5/28/09. She was seen by her physician on 9/6/13 with complaints of 7/10 elbow pain and 5/10 left knee pain. Her pain medications caused heartburn and were only partially effective. Her physical exam showed restricted range of motion for the arms and especially for that elbow on the left side with diffuse tenderness in the forearm. Her upper extremity diagnoses included elbow and wrist pain and chronic pain syndrome. The issues in this review are EMG/NCV of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION VELOCITIES (NCV) OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this injured worker with chronic elbow pain, there are

no red flags on physical exam to warrant imaging, testing or referrals. The records do not support the medical necessity for an EMG and NCV of the left upper extremity. Therefore the request for an EMG and NCV of the left upper extremity are not medically necessary.

ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION VELOCITIES (NCV) OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this injured worker with chronic elbow pain, there are no red flags or physical exam to warrant imaging, testing or referrals. The records do not support the medical necessity for an EMG and NCV of the right upper extremity. Therefore the request for an EMG and NCV of the right upper extremity are not medically necessary.