

Case Number:	CM13-0059061		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2007
Decision Date:	05/15/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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 an 82-year-old female who reported an injury on 07/17/2007 after the chair that she was sitting in broke causing her to fall. The injured worker reportedly sustained an injury to her low back and right arm. The injured worker's treatment history has included ulnar nerve transposition, right shoulder decompression surgery, carpal tunnel release, physical therapy, and medications. The injured worker was evaluated on 11/01/2013. It was documented that the injured worker had pain complaints at the right upper extremity. Objective physical findings included palpable invisible biceps deformity with enlarged biceps and tenderness to palpation of the coracoid process, muscle belly and medial epicondyle of the right arm. The injured worker's diagnoses included tenosynovitis of the hand and wrist, neuralgia, neuritis and radiculitis, synovitis and tenosynovitis unspecified, and carpal tunnel syndrome. The injured worker's treatment plan included an orthopedic consult for the injured worker's right upper extremity. A request was made for a bilateral lower extremity EMG/NCS (Electromyogram/Nerve Conduction Study) on 11/06/2013. The injured worker was again evaluated on 12/05/2013. It was documented that the injured worker complained of low back pain rated at 8/10 to 9/10 without medications reduced to a 4/10 to 5/10 with the use of tramadol. Physical findings included 4/5 motor strength of the ankle, knee and hip flexor. The left lower extremity and lumbar range of motion were described as 60 degrees in flexion and 10 degrees in extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BILATERAL LOWER EXTREMITY EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend EMGs (electromyograms) for non-focal evidence of radiculopathy. The clinical documentation submitted for review does not provide any evidence that the injured worker was evaluated for radiculopathy. There was no documentation to justify the requested bilateral lower extremity EMG. Although the injured worker's evaluation in 12/2013 documented 4/5 motor strength of the left lower extremity, there were no other indications of radiating pain. It is not clear how an electromyography of the lower extremities would contribute to the injured worker's treatment plan. As such, the requested outpatient bilateral lower extremity EMG is not medically necessary or appropriate.

OUTPATIENT BILATERAL LOWER EXTREMITY NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend NCS (Nerve conduction study) for non-focal evidence of radiculopathy. The clinical documentation submitted for review does not provide any evidence that the injured worker was evaluated for radiculopathy. There was no documentation to justify the requested bilateral lower extremity NCS. Although the injured worker's evaluation in 12/2013 documented 4/5 motor strength of the left lower extremity, there were no other indications of radiating pain. It is not clear how a nerve conduction study of the lower extremities would contribute to the injured worker's treatment plan. As such, the requested outpatient bilateral lower extremity NCS is not medically necessary or appropriate.