

Case Number:	CM14-0100837		
Date Assigned:	09/15/2014	Date of Injury:	03/31/2013
Decision Date:	10/17/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal Medicine, 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 patient is a 23-year-old female with a date of injury on 03/31/2013 and mechanism of injury was restraining a patient. It is reported the patient has neck pain, lumbar spine pain, and left wrist pain. Physical therapy has been employed and medications have been employed with Naproxen and as needed Norco. MRI lumbar spine was unremarkable. MRI Left wrist was unremarkable. Plain x-rays were all normal. Electromyography/Nerve Conduction Velocity (EMG/NCV) of the left upper extremity was normal done on 08/17/2013. The request is for EMG and NCV of Bilateral Upper Extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck, Upper Extremities, and Pain Sections: EDS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Complaints, EMG/NCV

Decision rationale: MTUS is silent on this subject. ODG states the EMG/NCV can be useful to help elucidate diagnosis of nerve disorders and muscle disorders including, but not limited to, carpal tunnel syndrome, cervical myelopathy, muscular issues, and peripheral nerve issues. This patient had an EMG / NCV that was very normal in August 2013. There are no reports of right upper extremity issues and there are no reports that there are new findings or clinical concerns / new differential diagnosis concerns exist. There is no mention of a suspected nerve root or peripheral nerve disorder. As such, there is no medical necessity for new EMG / NCV of left upper extremity and no reason for doing it on the right upper extremity given lack of symptomatology. The current request is not medically necessary.

NCV (Nerve Conduction Velocity) Study of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck, Upper Extremities, and Pain Sections: EDS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Complaints, EMG/NCV

Decision rationale: Similar rationale for the EMG above in request number one and the same logic applies. There is no data to support guidelines for bilateral upper extremity NCV and the request is not medically necessary.