

Case Number:	CM14-0012923		
Date Assigned:	02/24/2014	Date of Injury:	02/26/2013
Decision Date:	07/17/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational 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:

Patient is a 52-year-old male who has submitted a claim for left elbow strain, right hand strain, left wrist/hand strain, right knee surgery, and left knee strain associated with an industrial injury date of February 26, 2013. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at low back area, right wrist, left hand, left elbow, and bilateral knees graded 8/10 in severity. Patient likewise had loss of grip strength in his left hand. Physical examination showed tenderness at right knee. Magnetic resonance imaging (MRI) of the left wrist, dated August 23, 2013 showed extensor digitorum tenosynovitis with degeneration of scapholunate and lunotriquetral ligament. X-rays of left elbow, left wrist, and right hand from December 10, 2013 were normal. Right knee x-ray showed total arthroplasty, no fractures or lucency. Left knee x-ray showed degenerative joint disease in lateral and patellofemoral compartments. MRI of the left elbow, dated 06/25/2013, showed mild medial epicondylitis. MRI of the left knee, dated 06/20/2013, showed increased signal within anterior cruciate ligament (ACL) and posterior cruciate ligament (PCL) fibers which may represent a sprain or mucoid degeneration. Treatment to date has included right knee total replacement on 9/30/13, physical therapy, use of interferential unit, and medications. Utilization review from January 17, 2014 denied the request for electromyography (EMG) and nerve conduction velocity studies (NCV) of the bilateral upper extremities because the records did not include symptoms or findings to suggest radiculopathy or nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that electromyography (EMG) studies 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 case, patient complained of pain at the right wrist and left hand, associated with loss of grip strength. However, medical records submitted and reviewed did not include a comprehensive physical examination (i.e., motor strength, deep tendon reflexes, sensory evaluation, presence / absence of atrophy, among others) that will support patient's subjective complaints. The guideline criterion for presence of focal neurologic dysfunction has not been met. Therefore, the request for EMG of bilateral upper extremities is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, Official Disability Guidelines (ODG) states that nerve conduction studies (NCS) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography (EMG) and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, patient complained of pain at the right wrist and left hand, associated with loss of grip strength. However, medical records submitted and reviewed did not include a comprehensive physical examination (i.e., motor strength, deep tendon reflexes, sensory evaluation, presence / absence of atrophy, among others) that will support patient's subjective complaints. The medical necessity was not established. Therefore, the request for nerve conduction velocity studies (NCV) of bilateral upper extremities is not medically necessary.

