MAXIMUS Federal Services

Case Number:	CM14-0170406		
Date Assigned:	10/20/2014	Date of Injury:	02/19/2014
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/15/2014

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:

There were 52 pages provided for this review. The application for independent medical review was for an EMG NCV of the bilateral upper extremities. The date was October 8, 2014. The mechanism of injury was that the patient tripped and fell over rebar. The prior therapies included chiropractic care and physical therapy. The patient elsewhere was described as a 60-year-old man who was injured on February 19, 2014. As of August 12, 2014 he still had complaints of left shoulder pain and stiffness, left elbow pain, left wrist pain with associated numbness and muscle cramps. He was noted to have his legs falling asleep and he had aches and muscle weakness. The diagnoses were shoulder pain, scapular thoracic bursitis, medial epicondylitis, enthesopathy of the wrist and hand, carpal tunnel syndrome, other tenosynovitis of the wrist and hand, predominant disturbance of emotions, insomnia, headache, benign essential hypertension, neuralgia, neuritis and radiculitis. There was a plan for extensive chiropractic care physical therapy, acupuncture and work conditioning. There was a review from September 30, 2014. There was a lack of documentation of failure of conservative care. There was no documentation of peripheral neuropathy conditions that exist in the bilateral upper extremities to drive the need for confirmatory Electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV (bilateral upper extremities): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: The MTUS ACOEM notes that Electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs or a progression of neurologic signs that might warrant clarification with Electrodiagnostic testing. The request for EMG/NCV (bilateral upper extremities) is not medically necessary.