

Case Number:	CM14-0176187		
Date Assigned:	10/29/2014	Date of Injury:	07/18/2013
Decision Date:	12/24/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 66-year-old female with date of injury of 07/18/2013. The treating physician's listed diagnoses from 08/28/2014 are: 1. Right shoulder full-thickness tear and impingement. 2. Lumbar spondylosis and discogenic disease. According to this report, the patient complains of low back pain and right shoulder pain. She reports a gradual onset of pain in her right shoulder, back, legs, knees, and ankles and attributes the onset of her symptoms while performing strenuous and repetitive activities at work. The examination shows the patient has a wide-based gait. She cannot heel and toe walk and squat. Lumbar spine range of motion is diminished. There is tenderness and spasm in the cervical and lumbar spine with pain on extension and flexion of the cervical and lumbar spine. Motor exam is 4/5 bilaterally in the ankle and EHL (Extensor Hallucis Longus) and sensory examination in the lower extremity is decreased in the medial leg/foot bilaterally. The rest of the sensory examination was normal. Straight leg raise is positive on the right at 90 degrees. The documents include an AME report from 06/10/2014 and progress reports from 05/05/2014 to 10/06/2014. The utilization review denied the request on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) EMG/NCV of the Left Upper Extremity , as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 262,178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, electrodiagnostic testing

Decision rationale: This patient presents with right shoulder, back, legs, knees and ankle pain. The treater is requesting an EMG/NCV of the left upper extremity. The ACOEM guidelines, page 262, on EMG/NCV states that appropriate studies (electrodiagnostic studies EDS) may help differentiate between CTS (carpal tunnel syndrome) and other condition such as cervical radiculopathy. ACOEM, page 178, states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The report making the request is missing. The records do not show any previous EMG/NCV of the left upper extremity. The examination from 08/28/2014 show tenderness and spasm in the cervical, sensory exam was full in the upper extremities. Motor exam in the upper extremities are normal except for deltoid and biceps on the right. This patient does not present with any symptoms in the upper extremity except for shoulder pain. There are no radicular symptoms and no symptoms that suggest peripheral neuropathy. The request EMG/NCV studies are not indicated. The request is not medically necessary.