

Case Number:	CM14-0025395		
Date Assigned:	06/11/2014	Date of Injury:	05/04/1984
Decision Date:	07/18/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 a 55-year-old male who reported an injury on 05/04/1984 due to gradual onset of pain due to the arduous physical nature of work. The injured worker had complaints of low back pain that was aggravated with usual activities. Also had complaints of right knee and right shoulder pain. Physical examination on 01/10/2014 revealed right shoulder tenderness at the subacromial space and acromioclavicular joint. Lumbar spine examination revealed pain and tenderness in the mid to distal lumbar segments. Standing flexion and extension were guarded and restricted. Seated nerve root test was positive. There was dysesthesia in the L5-S1 dermatome. Diagnostic studies were not submitted in the document for review. Current medications were reported as Metoprolol. Diagnoses were lumbar discopathy, status post right total knee replacement. The treatment plan was for EMG/NCV studies, (electromyography study, nerve conduction study). The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ELECTRODIAGNOSTIC STUDIES.

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

Decision rationale: The request for electromyogram (EMG) of the bilateral upper extremities is not medically necessary. The injured worker has a history of right shoulder pain and low back pain. The submitted document does not report any type of conservative care. The ACOEM guidelines state criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program. The document submitted for review did not report any physical therapy, exercise, x-rays, medications taken for pain or acupuncture. The document lacks reported physical findings on examination for EMG of the bilateral upper extremities. Therefore, the request is not medically necessary.

NCV OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ELECTRODIAGNOSTIC STUDIES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The request for nerve conduction velocity (NCV) study of the bilateral upper extremities is not medically necessary. The injured worker has a history of right shoulder pain and low back pain. The submitted document does not report any type of conservative care. The ACOEM guidelines state criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program. The document submitted for review did not report any physical therapy, exercise, x-rays, medications taken for pain or acupuncture. The document lacks reported physical findings on examination for NCV study of the bilateral upper extremities. Therefore, the request is not medically necessary.