

Case Number:	CM14-0032215		
Date Assigned:	06/20/2014	Date of Injury:	03/16/2001
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 40 year old female who sustained an injury to her right arm on 03/16/01 while under a trailer checking the brakes, a forklift hit the trailer. Physical examination noted restricted range of motion with pain; no neurological deficits; diffuse tenderness to palpation in right upper extremity. The records indicate that the injured worker was compliant in a home exercise program. Electromyograph (EMG) of right upper extremity was ordered due to the continued numbness, primarily in the thumb, index, and long fingers and numbness in the wrist. Nerve Conduction Velocity (NCV) was justifiable in order to find out the source of numbness generation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, CTS, Electrodiagnostic Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG) and Nerve Conduction Studies (NCS).

Decision rationale: The request for EMG/NCV of the bilateral upper extremities is not medically necessary. The previous request was denied on the basis that there was no objective physical examination consistent with peripheral nerve root impingement and there was no indication as to how long the patient had been experiencing these symptoms. In addition, there was no indication that conservative treatment had been attempted recently or that the patient was a surgical candidate. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the response to any previous conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for EMG/NCV of right upper extremity has not been established.

Nerve Conduction Velocity (NCV) of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, CTS, Electrodiagnostic Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS).

Decision rationale: The request for EMG/NCV of the bilateral upper extremities is not medically necessary. The previous request was denied on the basis that there was no objective physical examination consistent with peripheral nerve root impingement and there was no indication as to how long the patient had been experiencing these symptoms. In addition, there was no indication that conservative treatment had been attempted recently or that the patient was a surgical candidate. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the response to any previous conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for EMG/NCV of right upper extremity has not been established.