

Case Number:	CM14-0043906		
Date Assigned:	07/02/2014	Date of Injury:	05/14/2003
Decision Date:	12/09/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 5/14/03 date of injury. At the time (3/12/14) of request for authorization for Electromyography of the left upper extremity and Nerve conduction velocity of the left upper extremity, there is documentation of subjective (neck and shoulder pain with numbness/tingling) and objective (tenderness to palpation over neck with decreased range of motion, positive Tinel's test over left wrist, and decreased sensory exam over left fingers) findings, current diagnoses (bilateral shoulder impingement syndrome, carpal tunnel syndrome, and bilateral cubital tunnel syndrome), and treatment to date (physical therapy and medications). Medical report identifies a request for EMG/NCV due to lot of numbness and issues over left upper extremity. In addition, medical reports identify that patient had a previous EMG/NCV of upper extremities on 7/30/13. There is no documentation of an interval injury or progressive neurologic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 33. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence: Nerve Conduction Velocity Studies
(http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder impingement syndrome, carpal tunnel syndrome, and bilateral cubital tunnel syndrome. In addition, there is documentation of a previous EMG/NCV of upper extremities. However, despite documentation of a request for EMG due to lot of numbness and issues over left upper extremity, there is no (clear) documentation of an interval injury or progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the request for Electromyography of the left upper extremity is not medically necessary.

Nerve conduction velocity of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder impingement syndrome, carpal tunnel syndrome, and bilateral cubital tunnel syndrome. In addition, there is documentation of a previous EMG/NCV of upper extremities. However, despite documentation of a request for NCV due to lot of numbness and issues over left upper extremity, there is no (clear) documentation of an interval injury or progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the request for Nerve conduction velocity of the left upper extremity is not medically necessary.