

Case Number:	CM14-0045796		
Date Assigned:	07/02/2014	Date of Injury:	01/15/2013
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 injured worker is a 52-year-old female who reported a repetitive motion injury to her bilateral hands and wrists on 01/15/2013. On 02/17/2014, her diagnoses included cervicothoracic spine strain, rule out bilateral carpal tunnel syndrome, bilateral trigger thumbs, bilateral basal joint arthralgia and arthritis, bilateral elbow epicondylitis and lumbar spine strain with degenerative disc disease. Her medications included Naprosyn 550 mg and Prilosec 20 mg. Regarding her lumbar spine, the note stated that there was pain throughout the range of motion testing bilaterally. She was unable to receive trigger thumb injections due to her diabetes as prior cortisone injections had increased her blood sugar. The treatment plan included authorization for trigger thumb releases bilaterally, as well as postoperative physical therapy. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conducting Velocity Right Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ,low back chapter, Nerve Conduction studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS).

Decision rationale: The request for Nerve Conducting Velocity Right Lower Extremities is non-certified. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The submitted documentation makes minor reference to any lower extremity involvement in this injured worker's complaints. The majority of her complaints pertain to her upper extremities. There is no documentation of lower extremity neurological or functional impairment. Therefore, this request for Nerve Conducting Velocity Right Lower Extremities is non-certified.

Electromyography Left Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter, electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for Electromyography Left Lower Extremities is non-certified. The ACOEM Guidelines recommend that electromyography may be useful to identify subtle focal neurologic deficit in patients with low back symptoms lasting more than 3 to 4 weeks. There is minimal documentation of lower extremity involvement in this injured worker's symptomatology. The majority of her complaints involve her upper extremities. There is no rationale or justification for requesting electromyography of the left lower extremity. Therefore, this request for Electromyography Left Lower Extremities is non-certified.

Nerve Conducting Velocity Left Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS).

Decision rationale: The request for Nerve Conducting Velocity Left Lower Extremities is non-certified. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to

support the use of often uncomfortable and costly EMG/NCS. The submitted documentation makes minor reference to any lower extremity involvement in this injured worker's complaints. The majority of her complaints pertain to her upper extremities. There is no documentation of lower extremity neurological or functional impairment. Therefore, this request for Nerve Conducting Velocity Left Lower Extremities is non-certified.

Electromyography Right Lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disability guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for Nerve Conducting Velocity Left Lower Extremities is non-certified. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The submitted documentation makes minor reference to any lower extremity involvement in this injured worker's complaints. The majority of her complaints pertain to her upper extremities. There is no documentation of lower extremity neurological or functional impairment. Therefore, this request for Nerve Conducting Velocity Left Lower Extremities is non-certified.