

Case Number:	CM14-0051130		
Date Assigned:	07/07/2014	Date of Injury:	03/10/2013
Decision Date:	08/21/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 49-year-old female who reported an injury on 03/10/2013. The mechanism of injury was a fall. The clinical note dated 09/26/2013 noted the injured worker reported difficulties with her hands as well as numbness to the hands. There was questionable reduced sensation to her bilateral hands and the injured worker had mild neck pain. The clinical note dated 03/17/2014 noted the injured worker complained of ongoing left knee pain and new onset of right knee pain secondary to limping following her left knee surgery. Physical examination of the left knee noted range of motion was approximately 3 to 120 degrees. There was mild effusion and crepitus through range of motion. Examination of the right knee revealed tenderness in the medial and lateral joint lines. There was crepitus through range of motion, mild effusion and there was no instability. Within the documentation provided a clinical note dated 09/26/2013 noted the injured worker was seen on 08/15/2013 and complained of severe head, mild neck and severe low back pain. The clinical notes submitted did not provide a physical examination that noted any objective symptoms or subjective complaints in reference to the bilateral upper extremities. Diagnostic studies noted included an x-ray of the left knee, date not provided, unofficial results noted mild degenerative changes and several bone spurs in the femoral condyle. The injured worker's diagnoses included, left knee status post arthroscopy, chondromalacia, medial meniscal tear, anterior cruciate ligament partial tear and right knee possible meniscal tear and chondromalacia. Previous treatments included postoperative physical therapy. Medications were not provided in the medical records submitted for review. The provider's request was for electromyography (EMG) of the right and left upper extremity. The Request for Authorization form was not included within the documentation submitted for review. The provider recommended electrodiagnostic studies due to hand numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromyography (EMG).

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

Decision rationale: The request for electromyography (EMG) right upper extremity is not medically necessary. The injured worker has a history of left knee pain and to have undergone surgery and participated in postoperative physical therapy. The California MTUS/ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Within the documentation provided, a clinical note dated 09/26/2013 noted the injured worker was seen on 08/15/2013 and complained of severe head, mild neck and severe low back pain. The clinical notes submitted did not provide a physical examination that noted any objective symptoms or subjective complaints in reference to the bilateral upper extremities. There is a lack of documentation to indicate continued complaints of neck and head or upper back pain. There is a lack of documentation to indicate any conservative measures to treat upper back and neck pain were previously done. Overall, there is a lack of documentation notating a complete physical examination which demonstrated any signs/symptoms to warrant electrodiagnostic studies of the right upper extremity. As such, the request for electromyography (EMG) right upper extremity is not medically necessary.

Electromyography (EMG) Left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromyography (EMG).

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

Decision rationale: The request for electromyography (EMG) left upper extremity is non-certified. The injured worker has a history of left knee pain and to have undergone surgery and participated in postoperative physical therapy. The California MTUS/ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Within the documentation provided, a clinical note dated 09/26/2013 noted the injured worker was seen on 08/15/2013 and complained of severe head, mild neck and severe low back pain. The clinical

notes submitted did not provide a physical examination that noted any objective symptoms or subjective complaints in reference to the bilateral upper extremities. There is a lack of documentation to indicate continued complaints of neck and head or upper back pain. There is a lack of documentation to indicate any conservative measures to treat upper back and neck pain were previously done. Overall, there is a lack of documentation notating a complete physical examination which demonstrated any signs/symptoms to warrant electrodiagnostic studies of the left upper extremity. As such, the request for electromyography (EMG) left upper extremity is not medically necessary