

Case Number:	CM14-0061133		
Date Assigned:	07/09/2014	Date of Injury:	01/22/2010
Decision Date:	11/14/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 1/22/2012. Current complaints include low back pain, bilateral knee pain and right elbow pain with previously documented ulnar neuropathy. Prior treatments have included right ulnar transposition. The request is for EMG/PNCV of right and left upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant was previously evaluated with NCV/EMG and had surgical intervention for right ulnar neuropathy. The physical examination findings documented have been stable since the surgical procedure and do not appear to represent a change in

symptomatology. There are no documented symptoms of the left upper extremity. EMG of left upper extremity is not medically necessary.

NCV left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant was previously evaluated with NCV/EMG and had surgical intervention for right ulnar neuropathy. The physical examination findings documented have been stable since the surgical procedure and do not appear to represent a change in symptomatology. There are no documented symptoms of the left upper extremity. NCV of left upper extremity is not medically necessary.

EMG right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant was previously evaluated with NCV/EMG and had surgical intervention for right ulnar neuropathy. The physical examination findings documented have been stable since the surgical procedure and do not appear to represent a change in symptomatology. Further EMG/NCV would not be expected to provide additional information in guiding ongoing therapy. EMG of right upper extremity is not medically necessary.

NCV right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant was previously evaluated with NCV/EMG and had surgical intervention for right ulnar neuropathy. The physical examination findings documented have been stable since the surgical procedure and do not appear to represent a change in symptomatology. Further EMG/NCV would not be expected to provide additional information in guiding ongoing therapy. NCV of right upper extremity is not medically necessary.