

Case Number:	CM14-0086613		
Date Assigned:	07/23/2014	Date of Injury:	12/16/2009
Decision Date:	11/12/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 61-year-old female with a 12/16/09 date of injury. At the time (5/12/14) of request for authorization for EMG of bilateral upper extremities, NCS of bilateral upper extremities, and Home assistance 3 days a week for 4 hours a day, there is documentation of subjective (neck, bilateral shoulder, elbow, and right wrist pain with numbness over left fingers) and objective (decreased right finger and bilateral lower extremity sensation, weak triceps reflex, absent left patellar tendon as well as bilateral achilles tendon reflex, and decreased motor strength on bilateral upper extremities) findings, current diagnoses (brachial plexus injury, medial epicondylitis, carpal tunnel syndrome, neck sprain, brachial neuritis, and neck pain with cervical radiculopathy), and treatment to date (TENS unit and medications). Medical reports identify negative EMG/NCS studies of the bilateral upper extremities done on 12/14/12; and that home health care assistance is recommended since the patient's left upper extremity is starting to worsen due to overuse and that without assistance, patient would be forced to use both extremities making it painful to perform activities. Regarding EMG of bilateral upper extremities, there is no (clear) documentation of an interval injury or progressive neurologic findings. Regarding NCS of bilateral upper extremities, there is no documentation of an interval injury or progressive neurologic findings. Regarding Home assistance 3 days a week for 4 hours a day, there is no documentation that patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed); and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 brachial plexus injury, medial epicondylitis, carpal tunnel syndrome, neck sprain, brachial neuritis, and neck pain with cervical radiculopathy. In addition, there is documentation of negative EMG/NCS studies of the bilateral upper extremities done on 12/14/12. However, despite documentation that left upper extremity is starting to worsen due to overuse, 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 EMG of bilateral upper extremities is not medically necessary.

NCS of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 brachial plexus injury, medial epicondylitis, carpal tunnel syndrome, neck sprain, brachial neuritis, and neck pain with cervical radiculopathy. In addition, there is documentation of negative EMG/NCS studies of the bilateral upper extremities done on 12/14/12. However, despite documentation that left upper extremity is starting to worsen due to overuse, 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 NCS of bilateral upper extremities is not medically necessary.

Home assistance 3 days a week for 4 hours a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Home health services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Page(s): 51.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of brachial plexus injury, medial epicondylitis, carpal tunnel syndrome, neck sprain, brachial neuritis, and neck pain with cervical radiculopathy. However, despite documentation that patient's left upper extremity is starting to worsen due to overuse and that without assistance, patient would be forced to use both extremities making it painful to perform activities, there is no documentation that patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed). In addition, there is no documentation that the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Home assistance 3 days a week for 4 hours a day is not medically necessary.