

Case Number:	CM14-0087298		
Date Assigned:	07/23/2014	Date of Injury:	01/25/2014
Decision Date:	09/22/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/10/2014

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 Physical Medicine & 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 an injury on 01/25/2014. The mechanism of injury was a trip and fall. Her diagnoses were noted to be a sprain and strain of unspecified site of the knee and leg. Diagnostic testing included x-rays and an MRI of the left knee. The injured worker had a clinical evaluation on 04/21/2014 with subjective complaints of headaches and pain in both knees, left greater than right. In addition, she noted pain in her lower back and frequent pain in both hands and wrists. The physical examination noted the paraspinal musculature was tender to palpation. McMurray's and Apley's were both positive to the left knee. She walked with a limp and it was noted that sensation to fine touch and pinprick were grossly intact throughout the upper and lower extremities. Treatment recommendations were for an EMG/NCV study for evaluation of the bilateral upper extremities due to persistence of symptoms despite conservative management. The rationale for the request was noted within the treatment plan of the clinical evaluation on 04/21/2014. The request for authorization form was not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF BUE (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): 177-179.

Decision rationale: The request for an EMG/NCV of BUE (bilateral upper extremities) is not medically necessary. The California MTUS/ American College of Occupational and Environmental Medicine Guidelines state unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted for review failed to provide a thorough neurological assessment. The documentation does not indicate neurological deficits such as decreased reflexes, decreased strength, and decreased sensation to a specific dermatome. The examination is unclear and according to the guidelines, an EMG/NCV is not medically necessary.