

Case Number:	CM14-0190322		
Date Assigned:	11/21/2014	Date of Injury:	05/29/2010
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 Geriatrics and is licensed to practice in New York. 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 53 year old with a date of injury of 5/29/10. She was seen by her primary treating physician on 9/26/14 with complaints of pain in her neck, right knee and shoulder and left knee. She reported new numbness and tingling in her left face, shoulder, arm and elbow. Her physical exam showed light touch sensation decreased in the left thumb tip and left lateral shoulder. 'Left long tip and small tip were intact'. Her diagnoses were cervical and lumbar spine strain, right shoulder surgery, right knee surgery and left knee strain. At issue in this review is the request for EMG of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion.

This injured worker has already has a diagnosis of lumbar spine strain but the visit of 9/26/14 does not document a lower extremity exam nor any lower extremity symptoms . There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the bilateral lower extremities.