

Case Number:	CM14-0191527		
Date Assigned:	11/25/2014	Date of Injury:	06/27/2013
Decision Date:	01/12/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/17/2014

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 California and Texas. 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:

This is a 46 year old female patient who sustained a work related injury on 6/27/13. The patient sustained the injury when she was lifting a ladder and cleaning, she was vacuuming, a plastic piece of the vacuum handle slipped, pulling her left hand and wrist and jerked her body. The current diagnoses include cervical sprain/ strain, lumbar sprain/ strain, right shoulder tendinitis/bursitis, left ankle tendinitis/bursitis and status post left ankle surgery. Per the doctor's note dated 9/18/14, patient has complaints of pain to her cervical and lumbar spine and to her left ankle with a pain level of 8/10, and right shoulder pain. A physical examination revealed spasm and tenderness was observed in the paravertebral muscles of the cervical and lumbar spine with a decreased range of motion on flexion and extension, discomfort with pain on dorsiflexion and plantar flexion of the left ankle against the gravity, decreased sensation with pain to the L5 and S1 dermatomal distributions on the left, impingement test positive for right upper extremity. The medication lists includes, Norco 2.5 mg tablets, Norflex and Gabapentin 300 mg. She underwent an MRI scan of left ankle. The patient's surgical history include arthroscopy of the left ankle with repair of the anterior talar fibular ligament, performed on 1/20/14; left ankle surgery on March 21, 2014. The patient has received an unspecified number of the PT and chiropractic treatment visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index-Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Detailed history and duration of signs /symptoms of tingling and numbness was not specified in the records provided. There was no objective evidence of significant radicular signs in the bilateral lower that are specified in the records provided. The medical records provided did not specify any evidence of lower extremity radiculopathy. Patient did not have any complaints of radiating pain to the lower extremities. The patient has received an unspecified number of Physical Therapy (PT) visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The medical necessity request for EMG/NCV Bilateral Lower Extremities is not fully established for this patient. The request is not medically necessary and appropriate.