

Case Number:	CM14-0198240		
Date Assigned:	12/08/2014	Date of Injury:	07/27/2014
Decision Date:	09/30/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 41 year old male who sustained an industrial injury on 7-27-2014. He was injured by pulling meat pallets. He has reported lower back pain and left heel pain and has been diagnosed with lumbar spine sprain strain and left heel pain. Treatment has included medications and medical imaging. The lumbar spine had mild limited range of motion with flexion and extension. There was tenderness to palpation. There was tenderness to palpation of the left heel. The treatment plan included physical therapy and medications. The treatment request included EMG of the right and left upper extremity and NCV of the right and left upper extremity.

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, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 08/04/2014),

Electromyography, Pain (updated 10/06/2014), Electrodiagnostic Testing (EMG/NCV), Elbow (updated 10/20/2014), Forearm, Wrist & Hand (updated 08/08/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker has no red flags by history or on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the left upper extremity.

NCV Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 08/04/2014), Electromyography, Pain (updated 10/06/2014), Electrodiagnostic Testing (EMG/NCV), Elbow (updated 10/20/2014), Forearm, Wrist & Hand (updated 08/08/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker has no red flags by history or on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for NCV of the right upper extremity.

NCV Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 08/04/2014), Electromyography, Pain (updated 10/06/2014), Electrodiagnostic Testing (EMG/NCV), Elbow (updated 10/20/2014), Forearm, Wrist & Hand (updated 08/08/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker has no red flags by history or on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for NCV of the left upper extremity.

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 08/04/2014), Electromyography, Pain (updated 10/06/2014), Electrodiagnostic Testing (EMG/NCV), Elbow (updated 10/20/2014), Forearm, Wrist & Hand (updated 08/08/2014).

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