

Case Number:	CM14-0199610		
Date Assigned:	12/10/2014	Date of Injury:	09/19/2011
Decision Date:	01/30/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 underlying date of injury in this case is 09/19/2011. The date of the utilization review under appeal is 11/05/2014. The patient's diagnoses include rule out bilateral carpal tunnel syndrome and ulnar nerve entrapment, right shoulder rotator cuff repair, cervical sprain, and history of injury to both lower extremities, ankles, wrists, and hands. On 10/22/2014, the patient was seen in followup by [REDACTED] submitted a primary treating physician initial evaluation report a noted that the patient had sustained a cumulative trauma injury to her shoulder, hands, wrists, back, hips, ankles, feet, and legs and that over the last several months she had noticed the gradual onset of pain in multiple areas which the patient attributed to repetitive and strenuous activities. [REDACTED] noted the patient had previously undergone electrodiagnostic studies of the upper extremities on 01/31/2014 which were normal. The patient had been deemed to be permanent and stationary. At the time of the current evaluation, [REDACTED] requested electrodiagnostic studies of the upper a dyslipidemia due to numbness and tingling to assess where there is any peripheral nerve entrapment and to rule out a cervical or lumbar radiculopathy or nerve root lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies (NCS)

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

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 303, recommends electrodiagnostic studies to identify subtle, focal, neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The records indicate that this patient previously underwent electrodiagnostic studies which were within normal limits in the lower extremities on 01/31/2014. The records did not document any substantial change in the patient's clinical situation since that time. Overall, the rationale or differential diagnosis proposed from repeat electrodiagnostic studies is not apparent. This request is not medically necessary.

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EMG of Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography)

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

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 303, recommends electrodiagnostic studies to identify subtle, focal, neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The records indicate that this patient previously underwent electrodiagnostic studies which were within normal limits in the lower extremities on 01/31/2014. The records did not document any substantial change in the patient's clinical

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