

Case Number:	CM14-0201764		
Date Assigned:	12/12/2014	Date of Injury:	10/21/2012
Decision Date:	02/03/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/02/2014

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, has a subspecialty in Interventional Spine 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 patient is a 36 year old male with an injury date on 10/21/2012. Based on the 10/08/2014 requesting progress report provided by the treating physician, the patient's subjective and objective findings are the "same." Patient's diagnoses and exam findings were not provided in this report. The treatment plan is to request for "NCS for both C7 and cubital tunnel." The 08/12/2014 report indicates the patient has "persistent pains of the mid back, low back and bilateral wrists. Low back pain continues to radiate to the bilateral LE down to knees with numbness/tingling into the toes." The 06/09/2014 report indicates the patient complains of "pain on the ulnar distal half of his forearm and into the two ulnar digits." "The pain is slight (4-5 /10)." The EMG / NCV report of the right upper extremity on 12/09/2013 reveal "a moderate sensorimotor median neuropathy across the wrist" on the NCV. The EMG of the right upper extremity and cervical paraspinal muscles is "without active or chronic denervation potentials to suggest a cervical radiculopathy at this time." There were no other significant findings noted on this report. The utilization review denied the request for repeat EMG / NCV of the right upper extremity on 11/04/2014 based on the ACOEM and Environmental Medicine guidelines. The requesting physician provided treatment reports from 12/09/2013 to 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: According to the 10/08/2014 report, this patient is the "same." The current request is for repeat electromyogram/nerve conductive velocity (EMG / NCV) of the right upper extremity. Regarding repeat EMG/NCS, ODG guidelines state "If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Review of the reports show the patient had a right upper extremity EMG/NCV study done on 12/09/2013 with result of "moderate sensorimotor median neuropathy across the wrist" and no "active or chronic denervation potentials to suggest a cervical radiculopathy." In this case, the treating physician has failed to document any significant worsening of this patient's condition, no new injury or diagnosis is provided and there are no red flags documented to indicate the need for a repeat EMG. The request is not medically necessary.