

Case Number:	CM14-0201858		
Date Assigned:	12/12/2014	Date of Injury:	03/08/2012
Decision Date:	01/29/2015	UR Denial Date:	11/24/2014
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 Occupational Medicine 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:

This is a 21 year old female with a work related injury dated 03/08/2012 after falling out of a moving golf cart. According to a doctor's first report of occupational injury dated 10/27/2014, the injured worker presented with complaints of right knee pain with popping/giving way, right wrist pain with numbness and tingling, and right ankle sprain/strain. Diagnoses included carpal tunnel syndrome, ankle sprain/strain, wrist sprain/strain, and closed patella fracture. Treatments have consisted of wrist brace. Diagnostic testing included MRI of right ankle dated 08/26/2013 revealed accessory ossicle adjacent to the navicular and less likely that it may represent sequelae of remote avulsive type fracture. Work status is noted as modified work including no squatting, sit/stand when needed, and no climbing/kneeling. On 11/24/2014, Utilization Review denied the request for Nerve Conduction Velocity and Electromyography (EMG) of Bilateral Lower Extremities and Nerve Conduction Velocity (NCV) and Electromyography of Left Upper Extremity citing American College of Occupational and Environmental Medicine and Official Disability Guidelines. The Utilization Review physician stated the injured worker injured the right wrist and ankle and fractured the right knee 2 years ago with complaints of symptoms in the right knee, wrist, and ankle. EMG/NCS of the right arm and hand are certified to evaluate for carpal tunnel syndrome versus tendinopathy in the right hand and no medical necessity is established for EMG/NCS of the other limbs. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) and Electromyography (EMG) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 10/28/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS) section

Decision rationale: The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the Official Disability Guidelines, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who has no clinical indication for nerve conduction velocity testing for the lower extremities. Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who has no clinical indication for nerve conduction velocity testing for the lower extremities. The request for nerve conduction velocity and electromyography of the bilateral lower extremities is not medically necessary.

Nerve Conduction Velocity (NCV) and Electromyography (EMG) of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 11/18/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The medical reports do not provide any information that would indicate EMG and NCV of the left upper extremity would be indicated. The request for nerve conduction velocity and electromyography of the left upper extremity is determined to not be medically necessary.

