

Case Number:	CM14-0204381		
Date Assigned:	12/16/2014	Date of Injury:	12/02/2011
Decision Date:	02/04/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal 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:

The injured worker (IW) is a 48-year-old woman with a date of injury of December 2, 2011. The mechanism of injury was not documented in the medical record. The injured workers working diagnoses are myoligamentous strain of the cervical spine and trapezius muscles bilaterally; inflammatory process of the shoulders bilaterally; myoligamentous strain of the lumbar spine; inflammatory process of the right knee; status post arthroscopy right knee complete synovectomy, medial compartment, lateral compartment, anterior inter-condylar region and chondroplasty lateral tibial plateau; internal medicine diagnoses; and psych diagnoses. Pursuant to the progress note dated October 22, 2014, the IW complains of constant left shoulder, knees, low back, and neck pain. Injections to the left knee helped. Medications (Ultracet and Flexeril), H-wave machine, and transdermal creams are also helpful with pain and activities of daily living. The IW reports no new injuries. The IW is not working. Objectively, range of motion of the shoulders, lumbar spine, and right knee is decreased. There is tenderness in the shoulder, lumbar spine and right knees. The subjective and objective sections in the progress note do not contain any clinical evidence of radiculopathy or neuropathic symptoms. September 8, 2014 progress note contained similar findings. The current request is for EMG and nerve conduction studies of the bilateral upper and bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography and nerve conduction velocity for the bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182, 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck/ Low back Sections, NCV/ EMG.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG and nerve conduction studies of the bilateral upper and bilateral lower extremities is not medically necessary. Nerve conduction studies are not recommended (cervical) to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathies. There is minimal justification for performing nerve conduction studies (lower back) when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker's working diagnoses are myo-ligamentous strain of the cervical spine and trapezius muscles bilaterally; inflammatory process of the shoulders bilaterally; myo-ligamentous strain of the lumbar spine; inflammatory process of the right knee; status post arthroscopy right knee complete synovectomy, medial compartment, lateral compartment, anterior inter-condylar region and chondroplasty lateral tibial plateau; internal medicine diagnoses; and psych diagnoses. The subjective and objective sections in the progress note dated October 22, 2014 do not contain any clinical evidence of radiculopathy or neuropathic symptoms. The diagnosis section does not contain radiculopathic diagnoses. A September 8, 2014 progress note contained similar clinical findings. Consequently, absent clinical findings compatible with radiculopathy, neuropathy or neuropathic symptoms, EMG/NCV of the bilateral upper and lower extremities are not medically necessary.