

Case Number:	CM15-0102627		
Date Assigned:	06/05/2015	Date of Injury:	10/31/2011
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/28/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 53 year old female who sustained an industrial injury on 10/31/11. The mechanism of injury is unclear. The PR-2 (3/2/15 is illegible). Per Utilization Review the injured worker has chronic pain in her right wrist, left elbow, bilateral knees and lower back. She has low back pain with radiculopathy that radiates to both legs. Diagnoses include tear of medial and lateral cartilage or meniscus of knee; lumbar disc herniation; carpal tunnel syndrome; lateral epicondylitis; diabetes. Treatments to date include rest, ice, physical therapy, massage, medications, extracorporeal shockwave treatment to left foot and left elbow. Diagnostics include electromyography/ nerve conduction studies of bilateral upper extremities (3/12/15) abnormal; electromyography bilateral lower extremities (11/13/14) abnormal; MRI of the left foot (11/11/14) showing tenosynovitis. On 3/2/15 the treating provider requested neurodiagnostic studies of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV studies of both upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 179.

Decision rationale: Guidelines state that EMG may help identify subtle neurologic focal dysfunction lasting more than 3-4 weeks. In this case, the patient did not complain of neck pain or radicular pain in the upper extremities. The request for EMG/NCV is not medically appropriate and necessary.