

Case Number:	CM15-0102988		
Date Assigned:	06/05/2015	Date of Injury:	02/04/2015
Decision Date:	09/14/2015	UR Denial Date:	05/15/2015
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: California, North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old male with an industrial injury dated on 02-04-2015. The injury is documented as falling off the rear of his truck, which was approximately four to five feet high. He fell on his right hand, right buttocks and lower back. His diagnoses included right wrist distal radius fracture with percutaneous pinning, right elbow medial epicondylitis right shoulder impingement, cervical spine sprain and strain and lumbar spine sprain and strain. Prior treatment included right wrist surgery, physical therapy and diagnostics. He presented on 04-22-2015 with complaints of pain in his right wrist, right elbow pain, right shoulder pain, cervical and lumbar pain. Physical exam revealed pain in impingement and trapezial area of right shoulder and stiffness of the cervical spine. Trapezial spasm was noted at cervical 3-cervical 7. Sensation (as assessed by pinwheel) was within normal limits in the upper extremities. There was spasm noted at lumbar 3-sacral 1. Sensation (as assessed by pinwheel) was decreased at right in lower extremity. Treatment plan included physical therapy, EMG, MRI of lumbar spine and medications. The treatment request is for EMG (electromyography)/Nerve conduction studies (NCS) bilateral lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) / Nerve conduction studies (NCS) bilateral lower extremity:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: ACOEM low back guidelines state that electrodiagnostic studies, which must include needle EMG, are recommended when CT or MRI is equivocal and there are ongoing pain complaints that raise the possibility of neurologic compromise. In this case, the claimant does not manifest progressive neurologic deficit. The reflexes and motor function are within normal limits. There is also no decreased sensation in a dermatomal pattern. Therefore, the request for bilateral lower extremity EMG/NCV is not medically necessary or appropriate.