

Case Number:	CM15-0142307		
Date Assigned:	08/03/2015	Date of Injury:	08/22/2008
Decision Date:	09/17/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 9-22-2006. Diagnoses include cervical intervertebral disc displacement without myelopathy, bilateral ulnar nerve injury, carpal tunnel syndrome, radial styloid tenosynovitis, lumbar intervertebral disc displacement without myelopathy, neuritis or radiculitis thoracic or lumbosacral, status post right knee arthroscopy (2010), abnormality of gait and gastroesophageal reflux disease (GERD). Treatment to date has included surgical intervention of the right knee as well as conservative treatment consisting of physical therapy, medications and home exercise including walking. Per the Primary Treating Physician's Progress Report dated 5-21-2015, the injured worker reported right and left anterior shoulder, left and right cervical, cervical, right anterior wrist, right anterior hand, right posterior elbow, left lumbar, lumbar, right lumbar, left and right sacroiliac, left abdominal, and right and left anterior knee. He rates his discomfort as 5 out of 10. At its worst the pain is rated as 8 put of 10 and at best he rates the severity of his pain as 5 out of 10. He notes numbness and tingling in the bilateral upper extremities. Physical examination revealed normal range of motion of the bilateral thumbs and fingers of the bilateral hands. The plan of care included diagnostics, oral and topical medications and follow-up care. Authorization was requested for EMG (electromyography) and NCV (nerve conduction studies) of the left and right upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, the patient has complaints of intermittent nonspecific numbness and tingling in the upper extremities with no physical examination findings identifying subtle focal neurologic deficits in a nerve or nerve root distribution. In the absence of such documentation, the currently requested EMG is not medically necessary.

Nerve conduction velocity (NCV) of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for NCV, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, the patient has complaints of intermittent nonspecific numbness and tingling in the upper extremities with no physical examination findings identifying subtle focal neurologic deficits in a nerve or nerve root distribution. In the absence of such documentation, the currently requested NCV is not medically necessary.

Electromyograph (EMG) of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, the patient has complaints of intermittent nonspecific numbness and tingling in the upper extremities with no physical examination findings identifying subtle focal neurologic deficits in a nerve or nerve root distribution. In the absence of such documentation, the currently requested EMG is not medically necessary.

Nerve conduction velocity (NCV) of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for NCV, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, the patient has complaints of intermittent nonspecific numbness and tingling in the upper extremities with no physical examination findings identifying subtle focal neurologic deficits in a nerve or nerve root distribution. In the absence of such documentation, the currently requested NCV is not medically necessary.