

Case Number:	CM15-0187953		
Date Assigned:	09/29/2015	Date of Injury:	02/25/2009
Decision Date:	12/08/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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

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 47 year old male, who sustained an industrial injury on 02-25-2009. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for rule out bilateral carpal tunnel syndrome, bilateral shoulder impingement syndrome, bilateral wrist sprain, and bilateral knee pain. Treatment and diagnostics to date has included medications. Recent medications have included Coumadin. After review of the progress note dated 08-11-2015, the injured worker reported pain in his shoulders, wrists, hands, and knees. No objective findings noted on progress note but treating physician noted requesting EMG-NCV (electromyography-nerve conduction velocity studies) of the bilateral upper and lower extremities and 12 sessions of physical therapy for the shoulders, wrist, and hands. The Utilization Review with a decision date of 09-03-2015 non-certified the request for EMG left lower extremity, NCV right lower extremity, NCV right lower extremity, and EMG right lower extremity. Within the records, it is not noted whether there is suspicion for peripheral lower limb entrapment neuropathy or lumbosacral radiculopathy. Clear rationale for the requested study was not obviously apparent. No recent failure was noted within the records as it pertains to failure to aggressive conservative care for cited injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCS/EMG.

Decision rationale: According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Within the submitted records, there is no mention of recent failure to aggressive conservative care such as exercise. There is no significant physical exam finding to warrant electrodiagnostics. Therefore, the request for left lower extremity EMG is not medically necessary.

NCV Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCS/EMG.

Decision rationale: According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Within the submitted records, there is no mention of recent failure to aggressive conservative care such as exercise. There is no significant physical exam finding to warrant electrodiagnostics. Therefore, the request for right lower limb NCV is not medically necessary.

NCV Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCS/EMG.

Decision rationale: According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Within the submitted records, there is no mention of recent failure to aggressive conservative care such as exercise. There is no significant physical exam finding to warrant electrodiagnostics. Therefore, the NCV left lower extremity request is not medically necessary.

EMG Right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCS/EMG.

Decision rationale: According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Within the submitted records, there is no mention of recent failure to aggressive conservative care such as exercise. There is no significant physical exam finding to warrant electrodiagnostics. Therefore, EMG right lower extremity request is not medically necessary.