

Case Number:	CM15-0196666		
Date Assigned:	11/06/2015	Date of Injury:	01/16/2013
Decision Date:	12/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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, Hawaii

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 1-16-2013. Medical records indicate the worker is undergoing treatment for pain in the joint of the ankle and foot and neuroma. A recent progress report dated 8-7-2015, reported the injured worker complained of pain in the neck, right shoulder and lower back, rated 5 out of 10. Physical examination revealed trapezial tenderness, and right shoulder acromioclavicular and sub deltoid tenderness. Treatment to date has included acupuncture, epidural steroid injection, physical therapy and medication management. On 8-18-2015, the Request for Authorization requested bilateral upper extremities electromyography (EMG) and nerve conduction study (NCS). On 9-10-2015, the Utilization Review non-certified the request for bilateral upper extremities electromyography (EMG) and nerve conduction study (NCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve conduction velocity (NCV) of bilateral upper extremities:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cervical chapter, electrodiagnostic studies.

Decision rationale: The records indicate the patient has chronic complaints of severe pain in the right shoulder, left knee, low back, left rib cage, and headaches. Additional complaints include numbness/tingling in the right hand with muscle weakness. The current request is for electromyography (EMG) nerve conduction velocity (NCV) of b/l upper extremities. The 9/4/15 supplemental report states that the patient's condition has been deteriorating and he considers that his symptoms have become worse. The attending physician states that electrodiagnostic studies will assist in order to provide further treatment recommendations for this patient including cervical epidural steroid injection vs corticosteroid injections and/or surgical intervention. With regard to EMG studies the ODG states: If the physician has documented radiating pain into the extremity, and the physician requires differentiation of carpal tunnel syndrome vs. cervical radiculopathy or double crush syndrome, then an EMG of the upper extremity is medically necessary. With regard to NCS studies the ODG states: "Not recommended 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-neuropathic processes if other diagnoses may be likely based on the clinical exam." In this case, there is report of numbness and tingling in the right upper extremity. The examination findings do not support radiculopathy. There is no decreased sensation in a dermatomal pattern documented. There is no diminishment of reflexes noted. There is no documentation of motor deficit noted in any specific muscle group. There is some records indicating that an MRI was recently performed, but there is no mention of the findings. Furthermore, there is no discussion of attempting to differentiate between radiculopathy and peripheral nerve entrapment. The available medical records do not support bilateral EMG/NCV studies as the patient only has complaints in the right upper extremity. For the reasons mentioned, the current request is not appropriate and not medically necessary based on the available medical records.