MAXIMUS Federal Services

Case Number:	CM15-0032553		
Date Assigned:	02/26/2015	Date of Injury:	11/19/2013
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/20/2015

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: Pennsylvania, Ohio, California
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 69 year old male, who sustained an industrial injury on 11/19/13. He has reported neck and bilateral shoulder pain related to cumulative trauma. The diagnoses have included lumbar radiculopathy, cervical radiculopathy and shoulder tendonitis. Treatment to date has included bilateral shoulder MRI, EMG/NCV studies on 12/22/14 and oral medications. As of the PR2 dated 11/17/14, the injured worker reports cervical and lumbar spasms and tenderness. The treating physician noted loss of range of motion and decreased sensation in the C5 and S1 dermatones. He also noted a positive Hawkin's test. The treating physician requested EMG/NCV of the bilateral upper extremities. On 2/16/15 Utilization Review non-certified a request for EMG/NCV of the bilateral upper extremities. The utilization review physician cited the ACOEM guidelines. On 2/20/15, the injured worker submitted an application for IMR for review of EMG/NCV of the 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 (electromyography)/NCV (nerve conduction velocity) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 178, 212, Chronic Pain Treatment Guidelines.

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

Decision rationale: ACOEM recommends electro diagnostic studies in order to evaluate neurological symptoms or findings; implicit in this guideline is the need for a neurological differential diagnosis to be considered as part of an electro diagnostic study. An electro diagnostic study of 1/9/15 demonstrated a generalized lower extremity sensory polyneuropathy and a right L5 or S1 radiculopathy. An orthopedic agreed medical examiner reviewed the above data on 1/14/15 and concluded that the patient had a generalized polyneuropathy which was non-industrial in nature. The current EMG request is based upon a treating physician report of 1/12/15. That physician requested upper extremity electro diagnostic studies based upon an agreed medical examiner report of 6/20/14; the agreed medical examiner is the same physician who subsequently reviewed electro diagnostic data on 1/14/15. Thus it appears that the current request for electro diagnostic studies duplicates a study which was previously performed on 12/22/14; the requesting physician apparently was not aware on 1/12/15 that this study had already been performed and was under review by the agreed medical examiner. Thus, this request is not medically necessary.