

Case Number:	CM15-0035779		
Date Assigned:	03/04/2015	Date of Injury:	10/13/2014
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male injured worker who sustained an industrial injury on October 13, 2014. He has reported a cumulative trauma injury. The diagnoses have included bilateral elbow medial epicondylitis with probable cubital tunnel syndrome, bilateral forearm and wrist flexor and extensor tenosynovitis with bilateral wrist sprain and probable carpal tunnel syndrome, thoracic spine musculoligamentous sprain/strain, status post lumbar spine fusion on October 29, 2014, right hip sprain, right knee sprain and right ankle sprain. Treatment to date has included diagnostic studies, surgery and medications. Currently, the injured worker complains of neck pain with radiation to the left upper extremity, bilateral shoulder pain, mid and low back pain with radiation to the right lower extremity, bilateral elbow, forearm, wrist and hand pain with associated numbness and tingling, right hip pain, right knee pain, right foot pain and right ankle pain. On January 29, 2015, Utilization Review non-certified electromyography (EMG) nerve conduction velocity (NCV) for bilateral upper extremities, noting the CA MTUS Guidelines. On February 12, 2015, the injured worker submitted an application for Independent Medical Review for review of electromyography (EMG) nerve conduction velocity (NCV) for bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) nerve conduction velocity (NCV) for bilateral upper extremities:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: According to the 12/08/2014 progress report, this patient presents with neck pain with radiating pain to the left upper extremity, bilateral shoulder pain, and bilateral elbow, forearm, wrist and hand pain with associated numbness and tingling. The current request is for Electromyograph (EMG) nerve conduction velocity (NCV) for bilateral upper extremities. The request for authorization is on 12/08/2014. The patient's work status is off work; last day of work was on 10/08/2014. Regarding EMG/NCS, ODG guidelines state if the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Review of the provided reports does not show evidence of prior EMG/NCV of the upper extremity. In this case, the patient presents with radicular pain with decreased sensation in the upper extremities along the median and ulnar nerve distributions, bilaterally. The requested EMG/NCV of the right upper extremity is reasonable and is supported by the guidelines. Therefore, the current request IS medically necessary.