

Case Number:	CM15-0039951		
Date Assigned:	03/10/2015	Date of Injury:	02/06/2012
Decision Date:	07/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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:

The injured worker is a 54 year old female, who sustained an industrial injury on 02/06/2012. The injured worker is currently off work. The injured worker is currently diagnosed as having cumulative trauma disorder of the cervical and lumbar spine, multilevel lumbar disc bulges with bilateral neural foraminal narrowing, lumbar spine spondylosis with degenerative disc disease, cumulative trauma disorder of the bilateral shoulders, arms, wrists, and hands, bilateral hand degenerative joint disease, bilateral hip degenerative joint disease, right femur fracture status post open reduction and internal fixation, left knee contusion/sprain, medial meniscal tear to the left knee, tri-compartmental chondromalacia to her left knee, status post medial meniscus tear repair surgery to the left knee, right knee pain, bilateral knee degenerative joint disease, bilateral ankle calcaneal spur, anxiety/depression, and insomnia. Treatment and diagnostics to date has included right knee MRI which showed status post nail placement within the femur, horizontal tear of the body of the lateral meniscus, and arthrosis, neck MRI which showed degenerative changes in the cervical spine, lumbar spine MRI which showed bulging discs, 27 physical therapy sessions, 33 chiropractic treatments, 16 acupuncture sessions, left knee meniscus repair, and medications. In a progress note dated 12/08/2014, the injured worker presented with complaints of generalized body pain especially in the low back and bilateral knee pain. Objective findings include thoracic spine tenderness, lumbosacral tenderness with spasm, and bilateral knee tenderness and positive McMurray's, Apley's, and anterior/posterior drawer test on the left. The treating physician reported requesting authorization for electromyography/nerve conduction velocity studies 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:

EMG/NCS bilateral upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

Decision rationale: The patient complains neck pain, upper back pain, lower back pain radiating to bilateral buttocks, left arm pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, bilateral hand pain, bilateral finger pain, bilateral leg pain, bilateral knee pain, bilateral foot pain radiating to the toes, stomach pain, shortness of breath, anxiety and depression, as per progress report dated 12/08/14. The request is for EMG/NCS of the bilateral upper extremities. The RFA for the case is dated 12/08/14, and the patient's date of injury is 02/06/12. Diagnoses, as per progress report cumulative trauma disorder of the cervical spine, lumbar spine, bilateral shoulders and arms, and bilateral wrists and hands; multilevel lumbar disc bulges with neural foraminal narrowing; degenerative joint disease of bilateral hands, knees and hips; left knee contusion; medial meniscal tear of left knee; trichondromalacia of left knee; compensable right knee pain; insomnia; anxiety and depression. Medications included Cymbalta, Neurontin and Omeprazole. The patient is off work, as per the same progress report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, only one progress report dated 12/08/14 is available for review, and the report does not document prior electrodiagnostic studies of upper extremities. The treater is requesting for EMG/NCS "to determine other neurologic pathology contributing to her symptoms." The Utilization Review has denied the request because there is "no information or exam given regarding UEs. No indication for EMG with no neurologic exam." The progress report, however, documents bilateral shoulder, wrist, elbow and hand pain associated with limited motion and weakness along with bilateral finger pain and numbness. EMG/NCV may help the treater diagnose the patient's condition effectively. Hence, the request is reasonable and is medically necessary.