

Case Number:	CM15-0044626		
Date Assigned:	03/19/2015	Date of Injury:	01/08/2014
Decision Date:	04/17/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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: Preventive Medicine, Occupational Medicine

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 was a year old female, who sustained an industrial injury, January 8, 2014, falling from level to another. The injured worker previously received the following treatments laboratory studies, imaging, chiropractic services, physical therapy, and electrodiagnostic studies of the cervical neck, pain management and occupational therapy. The injured worker was diagnosed with left elbow contusion, lumbar contusion, chronic right ankle strain/sprain, chronic right meniscus and laxity of ACL. Chronic cervical radiculopathy at C5-C6, chronic cervical nerve root injury C5-C6, chronic lumbar strain/sprain with disc protrusion/herniation, chronic left elbow strain/sprain, chronic left TFCC tear, chronic myofascitis of the left elbow, chronic bilateral deltoid and brachioradialis weakness by muscle J-tech testing, chronic lumbar L4-L5, L5-S1 disc syndrome, chronic lumbar strain/sprain type torsion injury complicated by increased disc pressure trauma myofibrositis and myofascitis of the affected musculature and ligamentous tissue with wound healing and severe to moderate depression. According to progress note of December 22, 2014, the injured workers chief complaint was persistent left wrist to left elbow pain. The physical findings were limited range of motion due to pain. There was decreased range of motion and pain to the right ankle and lumbar spine. The treatment plan included EMG/NCV (electromyography/nerve conduction velocity studies) of the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for NCV/EMG of upper extremities and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 300.

Decision rationale: MTUS Guidelines support electrodiagnostic testing when there are reasonable signs and symptoms of neurological dysfunction/deficits that need additional diagnostic precision. The requesting physician documents chronic pain, but no neurologic deficit is noted in the history, exam, or differential diagnosis. The only neurologic sign noted was pain with Tinel's testing which is not a positive test. There is inadequate information to support the breath of testing. Under these circumstances, the bilateral upper and lower extremity electrodiagnostic testing (NCV/EMG) is not supported by Guidelines and is not medically necessary.