

Case Number:	CM15-0052005		
Date Assigned:	03/25/2015	Date of Injury:	08/05/2003
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 57-year-old female, who sustained a work/ industrial injury on 8/5/03. She has reported initial symptoms of right shoulder, elbow, forearm, and lumbar pain. The injured worker was diagnosed as having internal derangement of the knee, sprain of unspecified site of the shoulder and upper arm, sprain of unspecified site of the elbow and forearm, sprain of unspecified site of the wrist, lumbar sprain, carpal tunnel syndrome, other affections of shoulder region. Treatments to date included medication, surgery (right shoulder 10/18/04, right knee 7/17/06, right wrist arthroplasty 4/27/09, right knee surgery 3/28/11, and right carpal tunnel release 3/23/12) and bracing. Magnetic Resonance Imaging (MRI) was performed on 9/13/13 of the left knee. Currently, the injured worker complains of tenderness in the both knees, and wrist joint inflammation and associated sleep, energy, gastroesophageal reflux disease (GERD) issues. The treating physician's report (PR-2) from 2/11/15 indicated the injured worker was using a cane and Jon Joy brace and wrist braces for support. Current diagnoses included impingement syndrome, carpal tunnel syndrome, trochanteric bursitis, discogenic lumbar condition, internal derangement of right knee, and internal derangement of the left knee. Treatment plan included EMG/NCV of the bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Bilateral Upper Extremities (Between 03/11/2015 - 04/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back- Nerve conduction studies (NCS) and Electrodiagnostic studies (EDS).

Decision rationale: EMG/NCV of the Bilateral Upper Extremities (Between 03/11/2015 - 04/25/2015) is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM Guidelines state that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The ODG states that electrodiagnostic testing is 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. The ODG also states the electrodiagnostic testing should be medically indicated. The documentation does not reveal a clear neurologic exam to justify electrodiagnostic testing. There is no sensory, motor, or reflex examination documented that indicates a need for EMG/NCV. The request is therefore not medically necessary.

EMG/NCS of the Bilateral Lower Extremities (Between 03/11/2015 - 04/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Low Back, EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)-Electrodiagnostic studies (EDS).

Decision rationale: EMG/NCS of the Bilateral Lower Extremities (Between 03/11/2015 - 04/25/2015) is not medically necessary per the MTUS Guidelines and the ODG. The ODG states the electrodiagnostic testing should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy). The MTUS states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation does not reveal a clear neurologic exam to justify

electrodiagnostic testing. There is no sensory, motor, or reflex examination documented that indicates a need for EMG/NCV. The request is therefore not medically necessary.