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| Case Number: | CM15-0053123 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 05/09/2009 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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: Texas, Florida, 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 is a 52 year old female who sustained an industrial injury on 5/9/09. The diagnoses have included chronic pain syndrome, impingement syndrome right shoulder, internal derangement left knee and lumbar degenerative disc disease (DDD). Treatment to date has included medications, surgery, injections, Transcutaneous electrical nerve stimulation (TENS), physical therapy and conservative treatments. The Magnetic Resonance Arthrogram of the right shoulder was dated 11/4/14. The x-rays of the left knee were done on 1/13/15. The cervical spine x-rays were dated 2/11/15. Currently, as per the physician progress note dated 2/4/15, the injured worker was for follow up evaluation. She complains of left knee, back, right shoulder and low back pain with numbness in hands. She uses hot and cold wraps with some relief. There was instability in the left knee with positive anterior drawer test and has had episodes of collapsing. Objective findings revealed blood pressure of 151/85 and pulse of 84. The right shoulder exam revealed that she cannot lift her arm more than ninety degrees. Work status was that she was currently not working. She can do sedentary work. The physician requested treatments included electromyography (EMG)/nerve conduction velocity studies (NCV) Bilateral Lower Extremities and EMG/NCV Bilateral Upper Extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: In this case, there were subjective numbness symptoms in the hands, but no objective, even equivocal suggestion of neurologic deficit objectively that might drive the need for more definitive studies. Also, the shoulder range of motion issues appear more mechanical in nature instead neurological. Lower extremity findings are not clearly demonstrated. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was appropriately non-certified.

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: In this case, there were subjective numbness symptoms in the hands, but no objective, even equivocal suggestion of neurologic deficit objectively that might drive the need for more definitive studies. Also, the shoulder range of motion issues appear more mechanical in nature instead neurological. Lower extremity findings are not clearly demonstrated. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was appropriately non-certified.