

Case Number:	CM15-0059552		
Date Assigned:	04/06/2015	Date of Injury:	04/15/1999
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 65 year old man sustained an industrial injury on 4/15/1999. The mechanism of injury is not detailed. Diagnoses include right sacroiliac joint dysfunction, bilateral greater trochanter bursitis, lumbar spine spondylosis, bilateral cervical radiculopathy with progressive weakness, bilateral lumbar radiculopathy, and right shoulder rotator cuff tear. Treatment has included oral and topical medications and surgical interventions. Physician notes dated 3/9/2015 show complaints of improved neck pain rated 3/10, right ulnar two digits and left radial three digits rated 3-4/10, right shoulder pain rated 3-4/10, and low back pain rated 4-5/10. Recommendations include medical branch blocks, electromyogram/nerve conduction study of the bilateral upper extremities, inguinal hernia evaluation, Fioricet, and follow up in six weeks.

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) of the upper extremities:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33, 178, 261.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies, occupational medicine Page(s): 33-34.

Decision rationale: MTUS guidelines recommend special studies such as "Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment." This patient has failed to respond to conservative treatment, and nerve entrapment is suspected on physical exam. His Orthopedic physician states that he is specifically requesting the EMG/NCS to evaluate for "right cubital tunnel syndrome and left recurrent carpal tunnel syndrome." This request is reasonable and considered medically necessary.