

Case Number:	CM15-0059789		
Date Assigned:	04/06/2015	Date of Injury:	07/10/2013
Decision Date:	05/05/2015	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 7/10/13 from a slip and fall with brief loss of consciousness. She had pain in the low back with radiation to the right leg, bilateral knee pain more on the left. She was initially diagnosed with a contusion of her knee, lower back, shoulder, upper arm and elbow. She was prescribed medication and therapy. The injured worker's biggest complaint was her right hand, had an x-ray with unknown results. She currently complains of right sided neck ache radiating into right shoulder; low back pain with radiation into the buttock; right hand pain with positive Tinel and Phalen signs. Her activities of daily living are limited regarding pushing, pulling or reaching. Industrial accident related medications are ibuprofen, omeprazole, Tramadol and aspirin. Diagnoses include bony impingement syndrome at the level of the right shoulder; discogenic pain of the cervical spine causing occasional cervical radiculopathy; discogenic lumbar disc pain causing lumbar radiculopathy; lateral epicondylitis right elbow and de Quervain disease right forearm; internal derangement at the level of the left knee; right hand pain, rule out carpal tunnel syndrome. Specific treatments mentioned were medications and therapy (unspecified). Diagnostics include MRI of the right shoulder (8/15/13) revealing mild rotator cuff tendinitis; lumbar MRI (no date or results); x-rays of cervical spine, right shoulder, lumbar spine and left knee (7/7/14). In the progress note dated 3/5/15, the treating provider's plan of care requests electromyography/ nerve conduction studies of upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography, Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG of left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent left upper extremity physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG of left upper extremity is not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 182, 285. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography, Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for NCS of left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent left upper extremity physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested NCS of left upper extremity is not medically necessary.