

Case Number:	CM15-0082399		
Date Assigned:	05/04/2015	Date of Injury:	05/08/2013
Decision Date:	07/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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 58 year old female, who sustained an industrial injury on 05/08/2013. The injured worker is currently diagnosed as having left knee patellofemoral syndrome, status post left carpal tunnel release, and status post right knee arthroscopy. Treatment and diagnostics to date has included right knee surgery, daily exercises, physical therapy, and medications. In a progress note dated 02/03/2015, the injured worker presented with complaints of bilateral knee pain and left hand/wrist pain. The treating physician reported requesting authorization for electromyography/nerve conduction studies for bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: "Regarding the request for EMG of left upper extremity, ACOEM Practice Guidelines state that the electromyography 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 is documentation of numbness and tingling in left hand, and physical exam findings suspicious for cubital tunnel syndrome with reduced sensation on the left hand/wrist. Although the motor and sensory examinations did not identify focal deficits, these findings may not be apparent clinically if there is a subtle nerve dysfunction. An EMG study will allow the examiner to rule out other pathologies which may mimic this patient's symptoms of numbness in the hands (ie, cervical radiculitis). The currently requested EMG of left upper extremity is medically necessary."

Nerve Conduction Velocity (NCV) right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: "Regarding the request for nerve conduction of right upper extremity, ACOEM Practice Guidelines state that the electromyography 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 is no documentation of numbness and tingling of right upper extremity, or physical exam findings suspicious for cubital tunnel syndrome. As such, the currently requested nerve conduction study of right upper extremity is not medically necessary."

NCV left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: "Regarding the request for nerve conduction study of the left upper extremity, ACOEM Practice Guidelines state that the NCS 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 is documentation of numbness and tingling in left hand, however, it is unclear whether this has lasted longer than 4 weeks. There are physical exam findings consistent with carpal tunnel syndrome with hypoesthesia on the left hand wrist region. A nerve conduction study would assess the function of the median nerve. This request is medically necessary."

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-271.

Decision rationale: "Regarding the request for EMG of right upper extremity, ACOEM Practice Guidelines state that the electromyography 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 is no documentation of numbness and tingling of right upper extremity, or physical exam findings suspicious for cubital tunnel syndrome. As such, the currently requested EMG of right upper extremity is not medically necessary."