

Case Number:	CM15-0083986		
Date Assigned:	05/06/2015	Date of Injury:	01/30/2014
Decision Date:	06/30/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/01/2015

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 57-year-old female who sustained an industrial injury on 01/30/14. Initial complaints include left buttock, lower extremity, elbow and head pain. Initial diagnoses are not available. Treatments to date include medications, an arm sling, physical therapy, chiropractic care, and ice. Diagnostic studies include x-rays, MRIs, and electro diagnostic studies of the left upper and lower extremities. Current complaints include neck pain, tingling and weakness in the left arm, and low back pain. Current diagnoses include non-displaced left elbow fracture, medial and lateral humeral condyles; mild left cubital and carpal tunnel syndromes, lumbar facet arthropathy, transverse fracture of the S2 vertebral body, fracture of superior and inferior pubic rami, left hip; and difficulty with sleep. In a QME report dated 10/04/14, the evaluator reports the plan of care as physical therapy, left wrist splint, and an orthopedic surgeon consultation. The requested treatment is a nerve conduction study/electro diagnostic study of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (nerve conduction velocity) study, Right Upper Extremity 95913: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for NCV, 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there is a history of prior electro diagnostic testing, but there is no current evidence of any significant new or progressive findings to support repeating such testing. In the absence of such documentation, the currently requested NCV is not medically necessary.

EMG (electromyography), Left Upper Extremity 95886: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG, 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there is a history of prior electro diagnostic testing, but there is no current evidence of any significant new or progressive findings to support repeating such testing. In the absence of such documentation, the currently requested EMG is not medically necessary.

NCV (nerve conduction velocity) study, Left Upper Extremity 95913: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for NCV, 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there is a history of prior electro diagnostic testing, but there is no current evidence of any significant new or progressive findings to support repeating such testing. In the absence of such documentation, the currently requested NCV is not medically necessary.

EMG (electromyography), Right Upper Extremity 95886: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG, 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there is a history of prior electro diagnostic testing, but there is no current evidence of any significant new or progressive findings to support repeating such testing. In the absence of such documentation, the currently requested EMG is not medically necessary.