

Case Number:	CM14-0132668		
Date Assigned:	09/08/2014	Date of Injury:	04/21/2014
Decision Date:	10/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 45-year-old female was reportedly injured on 4/21/2014. The most recent progress note, dated 7/28/2014, indicated that there were ongoing complaints of neck pain, right shoulder pain, and low back pain. The physical examination demonstrated cervical spine limited range of motion. Lumbar spine had restricted range of motion. Straight leg raise test was positive on the right at 60 in the sitting position and positive on the left at 90 in the sitting position. Right shoulder had restricted range of motion limited by pain. Motor examination of right upper extremity biceps/triceps was 3/5. Decreased sensation was to light touch over medial calf, lateral calf, medial foot, and lateral foot on the right side. Diagnostic imaging studies included an MRI of the right shoulder, dated 6/10/2014, which revealed rotator cuff tendinopathy, full thickness tear of the posterior-superior glenoid labrum and mild AC joint arthritis. Previous treatment included medications and conservative treatment. A request had been made for EMG/MCV and NCS of the bilateral upper extremities and EMG/MCV and NCS of the bilateral lower extremities and was not certified in the pre-authorization process on 8/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/NCS (nerve conduction study) of bilateral upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 303,309. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back; NCS (nerve conduction study) Official Disability Guidelines: Neck & Upper Back; EMG (Electromyography)

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

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. There were no recent diagnostic studies of the cervical spine. It is noted on physical examination that there was limited range of motion of the cervical spine, and decreased muscle strength that was rated 3/5 on the right upper extremity. Given the lack of documentation to support EMG or NCV studies, this request is not medically necessary.

EMG (Electromyography)/NCS (nerve conduction study) of bilateral lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 303,309. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back; NCS (nerve conduction study) Official Disability Guidelines: Neck & Upper Back; EMG (Electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. It is noted on physical examination that there was decreased sensation to light touch over the medial and lateral calf, otherwise no neurological findings were documented on physical examination. Given the lack of documentation of a corroborating diagnostic study, neurological exam, or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is not medically necessary.