

Case Number:	CM14-0144567		
Date Assigned:	09/12/2014	Date of Injury:	10/12/2006
Decision Date:	10/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/05/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 51-year-old female who reported an injury on 10/12/2006. The mechanism of injury was not provided. Diagnoses included cervical spine strain, right shoulder sprain, lumbar spine strain. Past medical treatment included physical therapy and medications. Diagnostic testing included an x-ray and an MRI. Surgical history was not provided. The injured worker complained of right hip pain and right thigh pain on 07/10/2014. The injured worker described pain to be severe, sharp and burning. The injured worker also complained of right lower extremity numbness, tingling, heaviness, weakness, right foot drop and unstable gait with prolonged walking. The injured worker stated the right hip pain was worse and preventing her from her activities of daily living (cleaning, showering, cooking and dressing). The injured worker stated the right leg weakness was making it difficult for her to ambulate without risk of falling. The injured worker rated her pain at 8/10 to 9/10. The physical examination revealed point tenderness over the right hip joint with decreased range of motion at the right hip. Medications included Anaprox 550 mg and Soma 350 mg. The treatment plan was for outpatient electromyography (EMG) of the bilateral upper extremities. The rationale for the request was not submitted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Electromyography (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33, 261, 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for Outpatient Electromyography (EMG) of bilateral upper extremities is not medically necessary. The injured worker complained of right hip pain and right thigh pain on 07/10/2014. The California MTUS/ACOEM guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The guidelines recommend NCV for median or ulnar impingement at the wrist after failure of conservative treatment. The guidelines do not recommend routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms. There is a lack of documentation demonstrating the need for the test to the upper extremities. There is no indication that the injured worker has finding in the upper extremities indicative of neurologic deficit. The physician did not include a recent, complete assessment of the injured worker's upper extremities. As such the request for Outpatient Electromyography (EMG) of bilateral upper extremities is not medically necessary.