MAXIMUS Federal Services

Case Number:	CM14-0146950		
Date Assigned:	09/15/2014	Date of Injury:	05/12/2006
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 California. 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 45-year-old female who reported an injury on 05/12/2006 due to a fall. The injured worker had a diagnosis of cubital tunnel syndrome. Past treatment included cortisone injections, medications, and chiropractic therapy. Diagnostic testing included an EMG study performed on 11/19/2006 and 06/04/2007, and another EMG was performed; however, the date was not provided. The injured worker underwent surgery to the left arm on 06/04/2007 for ulnar nerve transfer anteriorly and pronator release. On 08/08/2014, the injured worker complained of having lower back and mid back pain. The injured worker stated pain primarily originated from the center of her back and radiated out to either side. The injured worker reported intermittent radiculopathy down into her lower extremities, but it seemed to vary in terms of location and time. The physical examination revealed the injured worker had a positive Faber maneuver greatest off to the right hand side. Medications were not provided. The treatment plan was for an EMG/NCV of the bilateral upper extremities. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Electromyography (EMG)

Decision rationale: The request for EMG/NCV Bilateral Upper Extremities is not medically necessary. On 08/08/2014, the injured worker complained of having lower and mid back pain. 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. The Official Disability Guidelines state electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electro-diagnostic studies. The documentation indicates an EMG was previously performed which was normal; however, the official EMG report and the date of the last test are not indicated. There is no documentation indicating the injured worker has findings upon physical examination indicative of nerve impingement. The use of EMG would not be indicated in the absence of difficulty determining a diagnosis with NCV. There is a lack of documentation demonstrating the need for repeat testing. Therefore the request for EMG/NCV Bilateral Upper Extremities is not medically necessary.