

Case Number:	CM14-0147418		
Date Assigned:	09/15/2014	Date of Injury:	11/08/2002
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
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 60-year-old female who reported an injury on 11/08/2002. The mechanism of injury was from repetitive motion. The previous treatments included medication and an MRI. The diagnoses included multiple tendinitis, possible carpal tunnel, and possible cervical degenerative disc disease. Within the clinical note dated 06/11/2014, it was reported the injured worker continued to have pain in arms and shoulders, as well as her neck. She described the pain as burning, tightness, dull, and achy in nature. On the physical examination, the provider noted the injured worker continued to have pain over the biceps tendons, medial and lateral epicondyles, and over the median nerve at the wrist. The request submitted is for an electromyography/nerve conduction velocity (EMG/NCV) of the bilateral upper extremities. However, a rationale was not submitted for clinical review. The Request for Authorization is not submitted for clinical review.

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 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 271-273..

Decision rationale: The request for EMG/NCV bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 weeks to 6 weeks, electrical studies may be indicated. There is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. The provider failed to document an adequate and complete physical examination warranting the medical necessity of the request. In addition, the guidelines also note a nerve conduction study is to detect neurological abnormalities or ulnar impingement at the wrist after failure of conservative treatment. Routine use of a nerve conduction study and a diagnostic evaluation of nerve entrapment or screening is not recommended. There is a lack of documentation indicating the injured worker had tried and failed conservative therapy. Additionally, there is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution warranting the medical necessity of the request. Additionally, the provider failed to document an adequate and complete physical examination. Therefore, the request is not medically necessary.