

Case Number:	CM14-0160243		
Date Assigned:	10/03/2014	Date of Injury:	03/15/1985
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 11/2/2010. She has diagnoses of chronic bilateral wrist pain, s/p carpal tunnel surgery, right thumb surgery, cervical and lumbar spondylosis and degenerative disc disease. Medications include Norco, gabapentin, tizanidine and Sonata. The requests are for NCV right and left upper extremity and EMG right and left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity 95886: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant was evaluated with EMG and NCV previously. The submitted records include multiple orthopedic assessments from 2014 recommending against any

further EMG or PNCV testing and against pursuing any further orthopedic surgery as this is felt to be medically unnecessary. There is no reported substantial change in symptoms after the time of the initial EMG and NCV. Therefore the request for EMG right upper extremity is not medically necessary.

NCV left upper extremity 95913: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant was evaluated with EMG and NCV previously. The submitted records include multiple orthopedic assessments from 2014 recommending against any further EMG or PNCV testing and against pursuing any further orthopedic surgery as this is felt to be medically unnecessary. There is no reported substantial change in symptoms after the time of the initial EMG and NCV. Therefore the request for NCV left upper extremity is not medically necessary.

NCV right upper extremity 95913: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant was evaluated with EMG and NCV previously. The submitted records include multiple orthopedic assessments from 2014 recommending against any further EMG or PNCV testing and against pursuing any further orthopedic surgery as this is felt to be medically unnecessary. There is no reported substantial change in symptoms after the time of the initial EMG and NCV. Therefore the request for NCV right upper extremity is not medically necessary.

EMG left upper extremity 95886: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of arm or neck symptoms. In this case, the claimant was evaluated with EMG and NCV previously. The submitted records include multiple orthopedic assessments from 2014 recommending against any further EMG or PNCV testing and against pursuing any further orthopedic surgery as this is felt to be medically unnecessary. There is no reported substantial change in symptoms after the time of the initial EMG and NCV. Therefore the request for EMG left upper extremity is not medically necessary.