

Case Number:	CM14-0083415		
Date Assigned:	07/21/2014	Date of Injury:	11/18/2011
Decision Date:	09/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 53 year old man construction worker who injured his left knee, right shoulder and right 4th and 5th finger numbness on Dec 31, 2011. He did not achieve pain relief with two left knee surgeries. He rates his pain as 8/10 in his neck, back, right shoulder and right hand. He wears a ligament stabilizing brace on his left knee and does not take any medications. An exam is notable for 60% range of motion in the left shoulder with a positive impingement sign, 80% range of motion with left knee flexion, 90% range of motion with left knee extension, 90% range of motion in the neck with trigger point tenderness of the right cervical paraspinal muscles and right trapezius muscle, and low back pain with lumbar flexion and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremity: 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) Neck & Upper Back (updated 04/14/14) Electrodiagnostic studies (EDS), Forearm, Wrist & Hand (updated 02/18/14) Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-272, Chronic Pain Treatment Guidelines Forearm, Wrist and Hand Complaints Page(s): 5.

Decision rationale: The injured worker has continued complaints of neck, back and right shoulder pain and right 4th and 5th finger numbness that he rated an 8/10. This pain is accompanied by weakness and numbness of his left hand. The pain started after a work injury Dec 31, 2011. Per the Medical Treatment Utilization Schedule (MTUS), an electromyography for the upper extremity is not recommended for forearm, wrist and hand complaints. Therefore the request is not medically necessary.

NCV Right Upper Extremity: 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) Neck & Upper Back (updated 04/14/14) Electrodiagnostic studies (EDS), Forearm, Wrist & Hand (updated 02/18/14) Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-272, Chronic Pain Treatment Guidelines Forearm, Wrist and Hand Complaints Page(s): 5.

Decision rationale: The injured worker has continued complaints of neck, back and right shoulder pain and right 4th and 5th finger numbness that he rated an 8/10. This pain is accompanied by weakness and numbness of his left hand. The pain started after a work injury Dec 31, 2011. Per the Medical Treatment Utilization Schedule (MTUS), nerve conduction velocity is recommended for ulnar impingement at the wrist after failure of conservative treatment. Per MTUS, nerve conduction velocity is recommended for ulnar impingement at the wrist after failure of conservative treatment. Therefore the request is medically necessary.

NCV Left Upper Extremity: Overturned

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) Neck & Upper Back (updated 04/14/14) Electrodiagnostic studies (EDS), Forearm, Wrist & Hand (updated 02/18/14) Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-272, Chronic Pain Treatment Guidelines Forearm, Wrist and Hand Complaints Page(s): 5.

Decision rationale: The injured worker has continued complaints of neck, back and right shoulder pain and right 4th and 5th finger numbness that he rated an 8/10. This pain is accompanied by weakness and numbness of his left hand. The pain started after a work injury Dec 31, 2011. Per the Medical Treatment Utilization Schedule (MTUS), nerve conduction velocity is recommended for ulnar impingement at the wrist after failure of conservative treatment. Per MTUS, nerve conduction velocity is recommended for ulnar impingement at the wrist after failure of conservative treatment. Therefore the request is medically necessary.

EMG Left Upper Extremity: 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) Neck & Upper Back (updated 04/14/14) Electrodiagnostic studies (EDS), Forearm, Wrist & Hand (updated 02/18/14) Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-272, Chronic Pain Treatment Guidelines Forearm, Wrist and Hand Complaints Page(s): 5.

Decision rationale: The injured worker has continued complaints of neck, back and right shoulder pain and right 4th and 5th finger numbness that he rated an 8/10. This pain is accompanied by weakness and numbness of his left hand. The pain started after a work injury Dec 31, 2011. Per the Medical Treatment Utilization Schedule (MTUS), an electromyography for the upper extremity is not recommended for forearm, wrist and hand complaints. Therefore the request is not medically necessary.