

Case Number:	CM14-0099302		
Date Assigned:	07/28/2014	Date of Injury:	12/30/2011
Decision Date:	09/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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 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:

Injured worker is a male with date of injury 12/30/2011-12/30/2012. Per primary treating physician's progress report dated 5/19/2014 the injured worker reports moderate pain in the neck, knees and low back rated at 6-7/10. He states that the numbness in his left arm has been decreasing. He also relates that the radiating has decreased following therapy, but some continues to travel up his neck and into his head. He reports that walking downhill aggravates his knee pain. He denies popping and weakness. He reports riding the bike during therapy causes pain, and he has discontinued exercise on the bikes. On examination he ambulates with a single point straight handled cane. Cervical spine tenderness to palpation is noted. Spurling's test is positive bilaterally. There is decreased sensation at the left C6 and C8. Bilateral knees have tenderness to palpation. Restricted ranges of motion are noted. Apley's compression test is positive bilaterally. Diagnoses include 1) cervical spine strain with radicular complaints, 1 mm central bulge at C3-4, C4-5, and C5-6 2) left knee strain with chondromalacia patella rule out internal derangement 3) overuse syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography test for upper extremities: 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 - Neck and upper back chapter.

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

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) and nerve conduction velocity (NCV) to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The requesting physician reports that NCV/EMG of bilateral upper extremities is desired to verify radicular complaints. The injured worker has positive Spurling's test bilaterally and decreased sensation at the left C6 and C8 distribution. The request for Electromyography test for upper extremities is determined to be medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 Official Disability Guidelines - Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Guidelines for Performing an FCE.

Decision rationale: The MTUS Guidelines recommend considering a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. The ODG provide criteria for when a functional capacity evaluation may be utilized. These criteria include repeated difficulty with returning to work, or when the injured worker is at or near reaching maximum medical improvement. The requesting physician reports that functional capacity evaluation is desired to determine the current and future appropriateness of the required job duties for the employee, and that the evaluation is important in order to be able to accurately address the employee's ability. It is noted however that the injured worker is still undergoing treatment, having diagnostic tests, and has work restrictions recommended. The medical documentation does not report that the injured worker has not been able to return to work. The request for Functional capacity evaluation is determined to not be medically necessary.

Nerve conduction Velocity test for the upper extremities: 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- Neck and upper back chapter.

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

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) and nerve conduction velocity (NCV) to help identify subtle focal neurologic dysfunction in patients

with neck or arm symptoms, or both, lasting more than three or four weeks. The requesting physician reports that NCV/EMG of bilateral upper extremities is desired to verify radicular complaints. The injured worker has positive Spurling's test bilaterally and decreased sensation at the left C6 and C8 distribution. The request for Nerve Conduction Velocity test for the upper extremities is determined to be medically necessary.