MAXIMUS Federal Services

Case Number:	CM14-0099900		
Date Assigned:	07/28/2014	Date of Injury:	12/01/2010
Decision Date:	09/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Neurology and is licensed to practice in Massachusetts, Ohio and Texas. 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 56-year-old female who reported an injury on 12/01/2010 after a slip and fall. The injured worker reportedly sustained an injury to the right ankle, lumbar spine, right wrist, and right shoulder. The injured worker's the included surgical intervention, physical therapy, and medications. The injured worker ultimately developed complex regional pain syndrome. The injured worker was evaluated on 05/21/2014. It was documented that the patient was complaining of pain in the bilateral legs with swelling in both knees. Physical findings included tenderness to palpation of the cervical spine, limited range of motion of the bilateral shoulder secondary to pain, with tenderness to palpation in the anterior side of the right arm with weak right-sided grip, restricted range of motion of the right ankle due to pain with decreased sensation at the dorsolateral aspect of the right ankle, and significant weakness in all planes. The injured worker's medications included naproxen, Lyrica, and Norco. The injured worker's diagnoses included pain involving shoulder joint, pain involving ankle and foot, chronic pain syndrome, reflex sympathetic dystrophy, pain in joint lower leg, and pain in upper limb. The injured worker's treatment plan included an electrodiagnostic study of the right upper extremity. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested EMG bilateral upper extremity is not medically necessary. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who need a more precise delineation between radiculopathy and peripheral nerve entrapment. The clinical documentation submitted for review does indicate that the injured worker has significant deficits of the right upper extremity that may benefit from an electrodiagnostic study to assist with treatment planning. However, the request is for bilateral upper extremities. There is no documentation of deficits of the left upper extremity that would require diagnostic examination. As such, the requested EMG bilateral upper extremity is not medically necessary.

NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested NCV bilateral upper extremity is not medically necessary. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who need a more precise delineation between radiculopathy and peripheral nerve entrapment. The clinical documentation submitted for review does indicate that the injured worker has significant deficits of the right upper extremity that may benefit from an electrodiagnostic study to assist with treatment planning. However, the request is for bilateral upper extremities. There is no documentation of deficits of the left upper extremity that would require diagnostic examination. As such, the requested NCV bilateral upper extremity is not medically necessary.