

Case Number:	CM15-0111657		
Date Assigned:	06/18/2015	Date of Injury:	05/06/2013
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 5/6/2013. The mechanism of injury is a slip and fall. The injured worker was diagnosed as having left ankle pain, left knee pain, left hip pain, cervical and lumbar spine pain, left ankle fracture-status post open reduction-internal fixation and hardware removal and non-workers-compensation left sided weakness. Bilateral lower extremities electromyography (EMG) showed peripheral sensory neuropathy and sacral 1 radiculopathy. X rays of the cervical and lumbar spine and left knee and ankle show degenerative joint disease. Treatment to date has included therapy and medication management. In a progress note dated 5/7/2015, the injured worker complains of pain in the low back, left hip, bilateral knee and left wrist and ankle. Physical examination showed difficulty rising from a chair, dragging left leg when walking, left sided weakness and left sided facial numbness. A non-workers compensation related hospital stay was related to stroke symptoms with left sided weakness. Studies showed the injured worker did not have a stroke. The treating physician is requesting electromyography (EMG) /nerve conduction study (NCS) of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of Left Upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261; 269. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268-272.

Decision rationale: In this case, the patient complains of new onset left hand numbness and weakness approximately 1.5 years after the date of injury. A September 2014 exam did not establish objective evidence of focal neurologic deficit in the upper extremity. There were also no subjective complaints or objective findings at an October 20, 2014 exam. The request is for a left upper extremity EMG/NCV study due to complaints of numbness in the left hand. Of note is that the patient had recent stroke-like symptoms and is pending a neurologic evaluation. The medical records submitted do not document decrease sensation in the left hand. It is reasonable to await neurologic consultation findings to rule out effects of a possible stroke before proceeding with EMG/NCV of the left upper extremity. The request is not medically necessary.