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| Case Number: | CM15-0117595 | | |
| Date Assigned: | 07/06/2015 | Date of Injury: | 05/10/2007 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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 55 year old male who sustained an industrial injury on May 10, 2007. He has reported injury to the neck, right hand, bilateral shoulder, lower back, and bilateral knees and has been diagnosed with cervical spondylosis, lumbar spondylosis, medial and lateral epicondylitis, bilateral, osteoarthritis bilateral hands, osteoarthritis medial aspect, bilateral knees, impingement syndrome, and carpal tunnel syndrome. Treatment has included medications and physical therapy. There was tenderness to palpation over the cervical spine and decreased cervical lordosis. There was radicular pain into the right arm over C8 nerve root distribution. There was a positive impingement sign to the right shoulder with decreased range of motion. The left shoulder had decreased painful range of motion. There was tenderness to palpation over the lumbosacral spine. There was tenderness over the right hamstrings. He had pain over bilateral knees, worse over the medial compartment. The treatment request included EMG/NCV of the bilateral upper extremities, pain management referral, acupuncture, and thumb spica bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Velocity (NCV) of bilateral upper extremity (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

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

Decision rationale: The ACOEM states that when the neurologic exam or the upper extremity is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG/NCV may help identify subtle focal neurologic deficits in patients with neck or arm symptoms or both lasting greater than 3-4 weeks. Guideline criteria are not met in this patient. Detailed evidence of severe and/or progressive neurologic abnormalities are not documented. Detailed evidence of a recent comprehensive conservative treatment program trial and failure has not been submitted. Therefore, this request is deemed not medically necessary or appropriate.