MAXIMUS Federal Services

Case Number:	CM15-0068340		
Date Assigned:	04/15/2015	Date of Injury:	04/27/2014
Decision Date:	05/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 37 year old male who sustained an industrial injury on 4/27/14. The diagnoses have included lumbar strain/sprain, bilateral shoulders strain/sprain, bilateral hand/wrist strain/sprain, bilateral knee strain/sprain, lumbar spine disc bulge, bilateral shoulders tendinitis/bursitis, bilateral wrists/hands cartilage tears effusion and cubital tunnel syndrome and left knee anterior cruciate ligament (ACL) tear. Treatment to date has included medications, diagnostics, spinal manipulation and physiotherapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, shoulder, knees and wrists. The reports were noted in the records. Currently, as per the physician progress note dated 3/6/15, the injured worker complains of bilateral knee, right shoulder, low back and bilateral wrist pain. The objective findings revealed that the bilateral knees had tenderness, slightly improved range of motion, and positive valgus and varus. The bilateral shoulders revealed tenderness, decreased range of motion and positive Appley's scratch test and Apprehension test. The lumbosacral spine revealed tenderness, decreased range of motion, and positive Kemp's, straight leg raise and Milgram testing. The bilateral wrists revealed tenderness, decreased range of motion and positive Phalen's bilaterally. The previous therapy sessions were noted. The physician noted that the injured worker was awaiting an appointment for nerve conduction velocity studies (NCV)/electromyography (EMG) testing upper and lower extremities due to ongoing radiating pain and discomfort and abnormal Magnetic Resonance Imaging (MRI) scans and to rule out neuropathy. The physician requested treatment included nerve conduction velocity studies (NCV)/electromyography (EMG) testing upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG testing upper and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Low Back Section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electro diagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are more spine, disc bulge; bilateral shoulder tendinitis, bursitis per MRI February 23, 2015; bilateral wrist/hand cartilage tears, effusion per MRI; bilateral knee ACL tear MRI; right knee strain. Subjectively, according to a March 6, 2015 progress note, there are no significant radicular complaints documented in the medical record. The injured worker complains of left knee, right shoulder, right knee, and bilateral wrist pain. The lower back states: intermittent, moderate to severe, radiating pain-slight decrease in pain. Objectively, there are no neurologic findings compatible with radiculopathy. There is moderate palpable tenderness decreased range of motion. There are no cervical radicular subjective complaints documented in the medical record. There are no objective signs of radiculopathy in the upper extremities documented in the medical record. There are subjective complaints of pain referable to the right shoulder and bilateral wrists. Objectively, there are no neurologic deficits documented in the record. Consequently, absent clinical documentation with subjective or objective findings compatible with radiculopathy/neuropathy, EMG/NCV of the upper extremities is not medically necessary. Pursuant to the Official Disability Guidelines, lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that

identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbar spine, disc bulge; bilateral shoulder tendinitis, bursitis per MRI February 23, 2015; bilateral wrist/hand cartilage tears, effusion per MRI; bilateral knee ACL tear MRI; right knee strain. Subjectively, according to a March 6, 2015 progress note, there are no significant radicular complaints documented in the medical record. The injured worker complains of left knee, right shoulder, right knee, and bilateral wrist pain. The lower back states: intermittent, moderate to severe, radiating pain-slight decrease in pain. Objectively, there are no neurologic findings compatible with radiculopathy. There is moderate palpable tenderness decreased range of motion. There is minimal justification for performing nerve conduction studies when a patient is presum ed to have symptoms on the basis of radiculopathy. This subjective section of the medical record (date of service March 6, 2015) indicates the injured worker may have radicular symptoms involving the lower extremities. The documentation does not specify right or left lower extremity. The ACOEM states unequivocal findings that identify specific nerve compromise are sufficient to warrant imaging. There are no unequivocal specific nerve deficits documented in the medical record. Consequently, absent clinical documentation indicating a specific neurologic deficit with guideline non-recommendations for nerve conduction velocity studies in patients that are presumed to have symptoms on the basis of radiculopathy, lower extremities EMG/NCV is not medically necessary.