

Case Number:	CM15-0070479		
Date Assigned:	04/17/2015	Date of Injury:	09/07/1998
Decision Date:	07/02/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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 63 year old female who sustained an industrial injury on 09/07/1998. Diagnoses include myofascitis of the cervical and lumbar spine, bilateral shoulder tendonitis, and rule out internal derangement of the left shoulder, carpal tunnel syndrome, and hip osteoarthritis. Treatment to date has included diagnostic studies, medications, physical therapy, epidural steroid injections, and acupuncture. A physician progress note dated 03/10/2014 documents the injured worker complains of pain in her bilateral shoulders radiating to the left, headaches, bilateral hand tingling and numbness, and left hip pain radiating to the leg with numbness and weakness. She has pain in her bilateral knees, greater on the left and bilateral ankle pain. On examination of the cervical spine she has bilateral trapezius trigger points, and decreased range of motion of the bilateral shoulders. Phalen's test and Tinel's test are positive bilaterally and Apley's test is positive in the right shoulder. Her lumbar spine has decreased range of motion. Hip range of motion is painful with positive Favre's. She has tenderness to palpation of the bilateral aspects of the knee. Treatment requested is for EMG needle electrodes, initial consultation, Needle electromyography (EMG), and unknown nerve conduction studies (NCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: The request is for an initial consultation for a patient previously seen in 2014 by the same provider. The purpose of the visit is repeat EMG/NCV. Of note is that approval for two follow-up visits was granted on 3/12/2015 with this provider. Therefore the request for an initial consultation is not medically necessary or appropriate.

Unknown nerve conduction studies (NCS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 178 and 309.

Decision rationale: MTUS does not recommend NCS unless radiculopathy is present. This patient has had previous EMG/NCS studies that were positive, with the exception of the left upper extremity. There has been no appreciable change in her clinical condition. Further the request does not specify which extremity the study is requested for. Therefore, repeat studies in this case are not medically necessary or appropriate.

Needle electromyography (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): s 178 and 309.

Decision rationale: The request is for an EMG. This patient has had previous EMGs performed on her extremities which were positive with the exception of the left upper extremity. Her clinical condition has not changed since her last visit in 2014. Repeat studies are not indicated in view of the past positive results. Therefore the request is not medically necessary.

EMG needle electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): s 172 and 309.

Decision rationale: Since the request for the EMG/NCV has been found not medically necessary, the request for EMG needle electrodes is no longer necessary.