MAXIMUS Federal Services

Case Number:	CM15-0076421		
Date Assigned:	04/28/2015	Date of Injury:	11/11/2014
Decision Date:	07/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/21/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 11/11/2014. She reported a slip and fall landing on the left knee and right arm with immediate pain noted also to the back, right shoulder, wrist, left groin and left knee. Diagnoses include frozen shoulder, full thickness rotator cuff tear, hip impingement syndrome, cervical strain, left knee strain, and right wrist strain. Treatments to date include activity modification, medication therapy, and acupuncture treatments. Currently, she complained of pain in the right shoulder, left hip, and neck. On 4/3/15, the physical examination documented she declined a therapeutic shoulder injection. Left hip demonstrated pain with range of motion. There was effusion and tenderness noted to the left knee. The plan of care included obtaining bilateral upper extremity electromyogram and nerve conduction studies (EMG/NCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG of the upper extremity, ACOEM Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The electromyography component of an electrodiagnostic study is utilized to identify myopathic and neuropathic pathology such as in cervical radiculopathy. Within the documentation available for review, there are no recent physical examination that includes comprehensive neurologic testing of sensory, motor, deep tendon reflexes, and gait assessment. At a minimum, there should be documentation of abnormality on exam to warrant further investigation with electrodiagnostic testing. In the absence of such documentation, the currently request is not medically necessary.

NCV (nerve conduction velocity) of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for nerve conduction studies of the upper extremity, ACOEM Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The nerve conduction component of an electrodiagnostic study assess the amplitude, conduction velocity, waveform, and latency of sensory and motor nerves. Within the documentation available for review, there are no recent physical examinations that includes comprehensive neurologic testing of sensory, motor, deep tendon reflexes, and gait assessment. At a minimum, there should be documentation of abnormality on neurologic exam to warrant further investigation with electrodiagnostic testing. Furthermore, no neural tension signs such as Spurling's manuever are noted. Given this, the currently request is not medically necessary.

EMG (electromyogram) of Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG of the upper extremity, ACOEM Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The electromyography component of an electrodiagnostic study is utilized to identify myopathic and neuropathic pathology such as in cervical radiculopathy. Within the documentation available for review, there are no recent physical examination that includes comprehensive neurologic testing of sensory, motor, deep tendon reflexes, and gait assessment. At a minimum, there should be documentation of abnormality on exam to warrant further investigation with electrodiagnostic testing. In the absence of such documentation, the currently request is not medically necessary.

NCV (nerve conduction velocity) of Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for nerve conduction studies of the upper extremity, ACOEM Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The nerve conduction compoent of an electrodiagnostic study assess the amplitude, conduction velocity, waveform, and latency of sensory and motor nerves. Within the documentation available for review, there are no recent physical examinations that includes comprehensive neurologic testing of sensory, motor, deep tendon reflexes, and gait assessment. At a minimum, there should be documentation of abnormality on neurologic exam to warrant further investigation with electrodiagnostic testing. Furthermore, no neural tension signs such as Spurling's manuever are noted. Given this, the currently request is not medically necessary.