

Case Number:	CM14-0101099		
Date Assigned:	07/30/2014	Date of Injury:	01/06/2011
Decision Date:	09/30/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 45-year-old individual was reportedly injured on 1/6/2011. The mechanism of injury was noted as cumulative and repetitive injury. The most recent progress note, dated 6/2/2014, indicated that there were ongoing complaints of bilateral upper and lower extremity symptoms. The physical examination revealed in the upper extremities the patient still had a gross tumor of the upper extremity. There was difficulty making a fist and extending the fingers. There were also a great deal of sluggishness in the hands and numbness throughout all day just to light touch in both hands. There was also positive Tinel's test over the right ulnar nerve at the elbow and positive Tinel's sign over the right median nerve at the wrist. No muscle wasting was noted, but there was difficulty abducting the shoulders. The patient walked very sluggishly with a stiff gait and stiff movements in the upper extremities. No recent diagnostic studies available for review. Previous treatment included previous surgery, physical therapy, medications, and conservative treatment. A request had been made for EMG/NCV (Electromyography / Nerve Conduction Velocity) of the bilateral upper extremities and was not certified in the pre-authorization process on 6/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyogram) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-EMG's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant underwent a MRI of the cervical spine on 5/24/2012. Given the lack of documentation to support EMG or NCV studies, this request of EMG (Electromyogram) of the bilateral upper extremities is not medically necessary and appropriate.

NCV (Nerve Conduction Velocity) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-EMG's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant underwent a MRI of the cervical spine on 5/24/2012. Given the lack of documentation to support EMG or NCV studies, this request of NCV (Nerve Conduction Velocity) of the bilateral upper extremities is not medically necessary and appropriate.