

Case Number:	CM13-0019474		
Date Assigned:	06/06/2014	Date of Injury:	03/08/2006
Decision Date:	07/12/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 injured worker is a 36 year-old individual was reportedly injured on 3/8/2006, while the injured worker was assisting a patient who was having a seizure. In the most recent progress, note dated 6/17/2013, there were ongoing complaints of neck pain, headaches, bilateral shoulder pain and low back pain. Physical examination demonstrated tenderness at the cervical and lumbar paravertebral muscles with spasm, limited range of motion due to pain, seated nerve root test positive, bilateral shoulder tenderness at the subacromial space anteriorly, positive impingement sign pain with shoulder range of motion. MRI of the cervical spine, dated 10/12/2010, demonstrated reversal of cervical lordosis otherwise normal. Brainstem Auditory Evoked Response Study and an Electroencephalogram, dated 5/12/2011, were normal. Diagnoses include bilateral shoulder impingement syndrome status post right shoulder arthroscopy surgery with rotator cuff repair, cervical myalgia and lumbar myalgia. A request had been made for an EMG of the upper extremities, which was not medically necessary on 7/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) FOR BILATERAL UPPER 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 Page(s): 178.

Decision rationale: The MTUS/ACOEM Guidelines supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, given the lack of documentation of a neurological exam or mention of signs and symptoms consistent with a cervical radiculopathy and/or peripheral neuropathy, the request cannot be supported. Therefore, the request for EMG of the bilateral upper extremities is not medically necessary and appropriate.