

Case Number:	CM13-0022460		
Date Assigned:	03/12/2014	Date of Injury:	09/12/2011
Decision Date:	04/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/10/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 43 year-old female who was injured on 9/12/2011. She has been diagnosed with bilateral shoulder rotator cuff tendinitis; AC joint hypertrophy; and bilateral wrist sprain. On 8/16/13, UR denied EMGs of the lower extremities based on an 8/9/13 report from [REDACTED]. The 8/9/13 report from [REDACTED] was not available for this IMR. According to the 7/18/13 orthopedic report from [REDACTED], the patient presents with right shoulder and right wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT LOWER EXTREMITY #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The available record show the patient has right shoulder and wrist pain. The request before me is for EMG of the lower extremities. There are no lower extremity subjective or objective complaints, and no subjective complaints or objective findings of lower back pain. MTUS/ACOEM guidelines for the lower extremities are recommended if the patient has low

back symptoms lasting more than 3-4 months. This patient, without lower back or lower extremity complaints, does not meet the MTUS/ACOEM criteria for lower extremity EMG.

EMG LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The available record show the patient has right shoulder and wrist pain. The request before me is for EMG of the lower extremities. There are no lower extremity subjective or objective complaints, and no subjective complaints or objective findings of lower back pain. MTUS/ACOEM guidelines for the lower extremities are recommended if the patient has low back symptoms lasting more than 3-4 months. This patient, without lower back or lower extremity complaints, does not meet the MTUS/ACOEM criteria for lower extremity EMG.