

Case Number:	CM13-0049957		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2011
Decision Date:	03/06/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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 patient is a 49 year old female who reported an injury on 03/03/2011 after a file cabinet tipped and the patient pushed the cabinet back in place which reportedly caused injury to the left shoulder. The patient ultimately underwent left shoulder surgery; however, continued to have persistent cervical spine pain radiating into the left upper extremity. The patient underwent an electrodiagnostic study in 09/2011 that revealed the patient had bilateral cervical radiculopathy at the C5-6 and C6-7 distributions. The patient's most recent clinical documentation indicated that the patient had continued pain relief from medications and was participating in a home exercise program. There were no objective clinical findings in the patient's most recent clinical evaluation to support subjective complaints of neck pain radiating into the left upper extremity. The physical evaluation noted that the patient had restricted range of motion of the cervical spine and a negative Spurling's maneuver that did not produce any radicular symptoms. The patient's diagnoses included pain in shoulder joint and cervical disc displacement without myelopathy. The patient's treatment plan included epidural steroid injections and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG; Right Upper Extremity; x 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The requested EMG for the right upper extremity is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously underwent electrodiagnostic studies. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies to delineate radicular pain from neuropathic pain. The clinical documentation submitted for review does not provide any evidence that the patient has any radicular pain. Therefore, the need for an additional electrodiagnostic study is not indicated. As such, the requested EMG for the right upper extremity times 10 is not medically necessary or appropriate

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