

Case Number:	CM13-0050632		
Date Assigned:	12/27/2013	Date of Injury:	09/28/2011
Decision Date:	03/22/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 40 year old female who reported an injury on 09/28/2011, secondary to repetitive typing. The patient is currently diagnosed with enthesopathy of the wrist. The patient was seen on 09/23/2013. The patient reported persistent pain in the right upper extremity. There was no physical examination provided for review. Treatment recommendations included electrodiagnostic studies of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there is no evidence of a physical examination on the requesting date of 09/23/2013. The patient does report localized pain in the right wrist and elbow with radiation to the shoulder area. However, there is no evidence of a recent failure to respond to conservative treatment prior

to the request for an electrodiagnostic study. The medical necessity for the requested service has not been established. As such, the request for EMG left upper extremity is non-certified.

NCV right upper extremity: Upheld

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