

Case Number:	CM13-0055480		
Date Assigned:	06/09/2014	Date of Injury:	07/21/2005
Decision Date:	07/30/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/21/2013

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 and Rehabilitation 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 57-year-old male who reported an injury on 07/21/2005. The mechanism of injury was not noted within the documentation submitted for review. As per the clinical note dated 11/14/2013, the injured worker complained of residual bilateral hand pain and numbness, with the left greater than the right. In addition, he complained of residual bilateral shoulder and bilateral elbow pain. The physical examination noted that the right shoulder flexion increased to full range, but there was right subacromial tenderness. In addition, there is a weakly positive Hawkin's maneuver and negative Neer's test. The documentation also noted that the left shoulder demonstrated full range of motion. Physical examination of the elbow noted full bilateral range of motion and positive Tinel's sign bilaterally. There was right lateral and medial epicondyle tenderness with swelling noted. In addition, there was residual left proximal flexor forearm tenderness and negative right proximal flexor forearm tenderness. The documentation also noted bilateral first dorsal compartment tenderness and positive right and left Finkelstein's. The injured worker's diagnoses included right shoulder impingement syndrome, right lateral epicondylitis, bilateral de Quervain's and chronic regional musculoskeletal and neuropathic pain. Within the documentation provided, previous treatments were noted to include right shoulder arthroscopic surgery on 07/25/2011 and postoperative physical therapy. The documentation provided noted the medications as Rozerem 8 mg, Lidoderm 5% patches, Lyrica 50 mg, Klonopin 1 mg, Dexilant, 30 mg, Naprelan, Lithium, Lamictal and Seroquel. The provider's request was for an electromyogram (EMG) of the bilateral arms. The request for authorization form dated 10/10/2013 was included within the documentation submitted for review. The rationale for the requested treatment plan was noted as due to progressive bilateral arm numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the Bilateral Arms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42-43 and 268-269.

Decision rationale: The request for electromyogram (EMG) of the bilateral arms is not medically necessary. The injured worker has a history of bilateral shoulders, elbow and hand pain. The California MTUS/ACOEM states that for most patients presenting with true hand and wrist problems, as well as patients presenting with elbow problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation failed to improve their symptoms. The documentation provided noted the injured worker underwent right shoulder surgery and postoperative physical therapy. However, there was a lack of documentation to indicate physical therapy failed to improve functional capacity. In addition, there is a lack of documentation to indicate any current functional deficits. The documentation submitted noted continued medication use for treatment; however, there was a lack of documentation to indicate failure of the medications to provide symptomatic relief or failure to improve overall functionality. Overall, there is a lack of documentation to indicate the injured worker has failed conservative care. Based on the above noted, the request is not medically necessary.