

Case Number:	CM13-0056078		
Date Assigned:	12/30/2013	Date of Injury:	07/19/2013
Decision Date:	03/27/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for neck, shoulder, and elbow pain associated with an industrial injury sustained on July 9, 2013. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and several months off of work. The applicant's employer is unable to accommodate his limitations. In a progress note from October 17, 2013, the applicant presents with persistent right shoulder and right elbow pain. The applicant is now represented. The applicant has numbness, tingling, and paresthesias about the right finger and right thumb. There is also aching and dull pain present about the right shoulder with mild cervical spine pain. The applicant is off of work. Strength ranging from 5-/5 to 5/5 about the bilateral upper extremity strength is noted. Right shoulder strength is in the 5-/5 to 5/5 range. There is some slightly diminished sensorium noted about the right index finger. A 20-pound lifting limitation is endorsed, which the employer apparently cannot accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While the MTUS guidelines do support EMG to help identify subtle, focal neurologic function in those applicants with neck or arm symptoms or both which last greater than three to four weeks, in this case, the attending provider has requested electrodiagnostic testing of the asymptomatic left upper extremity. The progress note provided dated October 17, 2013 seemingly suggests that all of the applicant's symptoms are confined to the symptomatic right upper extremity. The applicant has pain, numbness, tingling, and paresthesias about the right shoulder, right elbow, right index finger, and right thumb. There is no mention of any left upper extremity symptoms for which left-sided electrodiagnostic testing would be indicated. Therefore, the request is not certified.

NCV OF LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While the MTUS guidelines do support NCS to help identify subtle, focal neurologic function in those applicants with neck or arm symptoms or both which last greater than three to four weeks, in this case, the attending provider has requested electrodiagnostic testing of the asymptomatic left upper extremity. The progress note provided dated October 17, 2013 seemingly suggests that all of the applicant's symptoms are confined to the symptomatic right upper extremity. The applicant has pain, numbness, tingling, and paresthesias about the right shoulder, right elbow, right index finger, and right thumb. There is no mention of any left upper extremity symptoms for which left-sided electrodiagnostic testing would be indicated. Therefore, the request is not certified.