

Case Number:	CM13-0066550		
Date Assigned:	01/03/2014	Date of Injury:	08/02/2012
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 45 year-old male with a 8/2/2012 industrial injury claim. He has been diagnosed with degeneration of the superior posterior (glenoid) labrum; tendinosis of the supraspinatus and infraspinatus tendons; mild type II acromion with AC arthrosis. According to the 11/12/13 pain management report from [REDACTED], the patient presents with neck, low back left shoulder and bilateral upper extremity pain. [REDACTED] states he recommended the patient see [REDACTED] for possible carpal tunnel cortisone injections, but the patient never made the appointment. [REDACTED] requests an EMG of the left upper extremity based on [REDACTED] recommendations, but there is no exam of the left upper extremity on 11/12/13 and [REDACTED] did not discuss [REDACTED] rationale for the EMG. On 11/27/13 UR denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) OF LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation ODG TWC 2013

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,260-262.

Decision rationale: According to the 11/12/13 pain management report, the patient presents with neck, low back left shoulder and bilateral upper extremity pain. The orthopedist on 10/3/13 states the patient has a lot of neck pain and radiation of numbness and tingling from the neck to the left upper arm and into the fingers. The orthopedist felt there was likely cervical radiculopathy and shoulder impingement. He recommended an EMG/NCV of the left upper extremity. The ACOEM Guidelines state : "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks" The patient has had neck pain for over 4 weeks. The request appears to be in accordance with ACOEM Guidelines. The request is medically necessary and appropriate.