

Case Number:	CM14-0004710		
Date Assigned:	01/24/2014	Date of Injury:	08/02/2012
Decision Date:	06/13/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 Illinois. 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 45-year-old with an injury reported on August 2, 2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated November 12, 2013, reported that the injured worker complained of neck, low back, left shoulder and bilateral upper extremity pain. The examination findings per the MRI of the left shoulder performed on September 5, 2013, reported degeneration disruption of the superior posterior labrum with a posterior inferior labral tear; tendinosis of the supraspinatus and infraspinatus tendons with partial bursal surface disruption and fraying of the supraspinatus tendon; mild type II acromion with mild acromioclavicular arthrosis. The injured worker's diagnoses included sprain/strain of neck, thoracic region sprain/strain, lumbar disc displacement without myelopathy, pain in jount shoulder. The request for authorization was submitted on December 27, 2013.

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 Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The request for EMG (electromyography) of the left upper extremity is non-certified. The injured worker complained of neck, low back, left shoulder and bilateral upper extremity pain. It was noted that the MRI of the left shoulder reported degeneration disruption of the superior posterior labrum with a posterior inferior labral tear; tendinosis of the supraspinatus and infraspinatus tendons with partial bursal surface disruption and fraying of the supraspinatus tendon. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM [American College of Occupational and Environmental Medicine] Practice Guidelines recognize that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, EMG may be helpful. NCS (nerve conduction study) and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is a lack of clinical information provided on the injured worker's left upper extremity. The MRI report was not made available for review. The rationale for the electromyography was unclear within the clinical documentation. There is a lack of clinical information provided to suspect cervical spine is associated with the injured worker's left upper extremity pain. The request for an EMG of the left upper extremity is not medically necessary or appropriate.