

Case Number:	CM14-0014633		
Date Assigned:	02/28/2014	Date of Injury:	12/02/2013
Decision Date:	10/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 an office worker who has a date of injury of 12-13. She has reported wrist pain for several years with severe wrist and elbow pain in the right upper extremity starting in November 2013. Her current complaints are pain in the right wrist, elbow and shoulder with some nighttime symptoms of tingling in the digits of the right hand. Her current diagnoses are bilateral wrist and elbow repetitive motion syndrome/tendinitis, right shoulder pain/strain, and paresthasias. The primary treating physician has requested electrodiagnostic testing of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, EMG

Decision rationale: The MTUS states that electromyography (EMG) is recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural

injection. The ODG states that while cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. There is no documentation of any specific neurologic complaint specific to a dermatome and likely to represent radiculopathy. The treating physician does not indicate suspected disc herniation, brachial plexopathy, or peripheral neuropathy, and there is no recommendation for epidural steroid injection. Deep tendon reflexes and Spurling's tests have not been documented. The diagnosis is given as repetitive motion syndrome involving the right wrist and elbow, paresthesias, and right shoulder strain/pain. There is no diagnosis of radiculopathy. The medical records have documented improved symptoms with light duty or time away from her work activities. Considering the MTUS guidelines, the request for electromyography (EMG) of the bilateral upper extremities is not medically necessary.