

Case Number:	CM14-0184450		
Date Assigned:	11/10/2014	Date of Injury:	03/22/2013
Decision Date:	12/26/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 51 year old female with an injury date on 03/22/2013. Based on the 09/12/2014 progress report provided by the treating physician, the diagnoses are: 1. Right shoulder tendinosis and impingement 2. Right elbow epicondylitis 3. Right wrist tendinosis with carpal tunnel syndrome 4. Residual lumbar and cervical pain (mild) 5. Depression According to this report, the patient complains of pain in the entire left upper extremity involving wrist, elbow, and shoulder. Patient "had difficulty with doing much activity above shoulder level or with upper extremities." Physical exam reveals tenderness and spasm over the right wrist, right elbow, with no swelling. Range of motion of the shoulder is decreased. The 06/08/2014 report indicates pain in the right upper extremity is associated with numbness, tingling, weakness, and difficulty with doing much work even daily chores. There were no other significant findings noted on this report. The utilization review denied the request on 10/20/2014. The requesting provider provided treatment reports from 10/10/2013 to 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: According to the 09/12/2014 report, this patient presents with pain in the left and right upper extremity involving wrist, elbow, and shoulder. The treater is requesting EMG left upper extremity. Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. This patient has not had an EMG. Treatment is medically necessary and appropriate.

NCV Left Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: According to the 09/12/2014 report, this patient presents with pain in the left and right upper extremity involving wrist, elbow, and shoulder. The treater is requesting NCV left upper extremity. Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. This patient has not had NCV studies therefore the requested treatment is medically necessary and appropriate.

NCV Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: According to the 09/12/2014 report, this patient presents with pain in the left and right upper extremity involving wrist, elbow, and shoulder. The treater is requesting NCV right upper extremity. Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. This patient has not had NCV studies therefore the requested treatment is medically necessary and appropriate.

EMG Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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