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| Case Number: | CM14-0023349 | | |
| Date Assigned: | 05/14/2014 | Date of Injury: | 07/25/2013 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Neurology and is licensed to practice in Florida. 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:

An evaluation of 1/14/14 notes the injured worker was in a motor vehicle accident on 7/25/13. He reported pain in the back, right leg, neck, and right shoulder. Examination reported a normal neurologic examination of the upper extremity. There was painful range of motion of the shoulders. An EMG of the bilateral upper extremities was requested to assess for any significant nerve damage. A 2/4/14 progress note indicates a procedure of bilateral subacromial bursae injections. A 12/6/13 PR-2 report notes pain in the muscles of the upper back and lumbar spine. Examination noted tenderness in the left scapular border. A 10/7/13 Neurology evaluation reported "absolutely no neurologic symptoms at this time". Examination reported intact motor, sensory, reflexes, and gait. No further neurologic recommendations were indicated by the evaluating neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) FOR THE RIGHT UPPER EXTREMITY: Upheld

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

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

Decision rationale: The medical records report the insured as having no focal objective neurologic abnormality on physical examination by two different providers. The medical records do not reflect any symptoms of sensory loss or weakness consistent with neurologic issue of radiculopathy, myelopathy, peripheral neuropathy, plexopathy, or myopathy. The necessity of EMG is not supported and there is no indication in the medical records of how the test would result in different treatment. As such, the request is not medically necessary and appropriate.