

Case Number:	CM14-0046903		
Date Assigned:	07/02/2014	Date of Injury:	01/23/2013
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 injured worker is a 44-year-old female who reported an injury on 01/23/2013, due to a trip and fall. The injured worker reportedly sustained an injury to her right hand and wrist. The injured worker's treatment history included physical therapy, injection therapy, and multiple medications. The injured worker was evaluated on 03/12/2014. The injured worker complained of right hip pain, right shoulder pain, right wrist and hand pain, and bilateral knee pain. Objective findings included normal deep tendon reflexes and no deficits specific to dermatomal or myotomal distributions. The injured worker had spasming and tenderness of the right anterior wrist with a positive Phalen's sign and positive Tinel's sign to the right. The injured worker's diagnoses included status post surgical intervention to the right knee, tear of the medial meniscus, lateral collateral ligament strain of the bilateral knees, partial tear of the rotator cuff of the right shoulder, tendonitis/bursitis of the right hand, possible carpal tunnel syndrome, tendonitis/bursitis of the right hip, and Bell's palsy. A request was made for electrodiagnostic studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the upper bilateral extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The requested electromyography of the bilateral upper extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for injured workers who have non-focal neurological deficits and require a more precise delineation between radicular findings and peripheral nerve impingement. The clinical documentation submitted for review does not provide any evidence that the injured worker has findings consistent with double crush syndrome and require further evaluation to distinguish between radiculopathy and peripheral nerve impingement. As such, the requested electromyography of the upper bilateral extremities is not medically necessary or appropriate.