

Case Number:	CM14-0070147		
Date Assigned:	09/23/2014	Date of Injury:	08/22/2012
Decision Date:	10/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/15/2014

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 Orthopedic Surgery, 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 claimant is a 61 year old who developed complaints of pain in the neck and bilateral upper extremities as a result of a work related accident on 08/22/12. The medical records provided for review included a clinical report of 04/8/14 noting chronic neck pain with radiating upper extremity complaints. Physical examination showed diminished right versus left grip strength, restricted range of motion of the shoulders but no other documented weakness. Recommendation at that time was for continuation of medications and referral for electrodiagnostic studies of the upper extremities. Clinical records documented that previous electrodiagnostic studies dated 09/11/13 revealed left median neuropathy and ulnar sensory neuropathy consistent with carpal tunnel syndrome. The claimant's previous diagnosis was left ulnar transposition. The medical records did not include any imaging reports or documentation of conservative treatment offered to the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Based on the California ACOEM Guidelines, the request for EMG of the bilateral upper extremities would not be indicated. The medical records reveal that the claimant's clinical presentation, including physical examination findings, do not show any evidence of acute radicular findings that are not already established by the prior electrodiagnostic studies performed on 09/11/13. ACOEM Guidelines recommend that electrodiagnostic studies may be helpful to identify subtle focal neurologic dysfunction in individuals with neck or arm symptoms lasting more than 3-4 weeks. While the claimant continues to be symptomatic, there is no documentation to support the need for an EMG of the upper extremities who has already undergone electrodiagnostic studies with no acute clinical findings documented for review. Therefore, this request is not medically necessary.