

Case Number:	CM14-0078185		
Date Assigned:	07/18/2014	Date of Injury:	02/11/2001
Decision Date:	09/15/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 41 year old female with a date of injury on 2/11/2012. Diagnoses include lumbosacral sprain, neck sprain, hip/thigh sprain, and shoulder sprain. Subjective complaints are of right neck pain, bilateral shoulder pain, which was worse on the right with weakness and radiation down the arms. Physical exam showed decreased shoulder range of motion, and positive impingement tests on the right. The cervical spine showed pain with cervical compression and distraction. The right wrist had a positive Phalen's and Tinel sign. The MRI of the right shoulder showed mild rotator cuff tendinosis, and slight subacromial bursal thickening. Request is for a right upper extremity EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle test of the right upper extremity: Overturned

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, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179, 182; 213; 261, 269.

Decision rationale: ACOEM guidelines suggest EMG as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective signs/symptoms show evidence of nerve root involvement versus possible peripheral nerve entrapment etiologies. Therefore, the request for an EMG is consistent with guideline recommendations, and the medical necessity is established.