

Case Number:	CM14-0084241		
Date Assigned:	07/21/2014	Date of Injury:	08/16/2013
Decision Date:	09/18/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 71-year-old male with a date of injury of 08/16/2013. The listed diagnoses per Dr. [REDACTED] are: 1. Cervicalgia. 2. Shoulder pain. 3. Knee pain. 4. Hand pain. According to progress report 05/15/2014, the patient presents with constant and severe cervical spine, lumbar spine, shoulders, knee, and right ring finger pain. Examination findings note "tenderness in these areas with positive Spurling's, straight leg raise, and impingement." This progress report is handwritten and limited in its examination findings. Under treatment plan, treater requests Toradol injection x2, MRI of cervical spine, lumbar spine, bilateral shoulders, and knees and right hand and bilateral upper extremity EMG/NCV. Utilization review denied the request on 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

electromyogram BUE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with constant and severe cervical spine, lumbar spine, shoulders, knee, and right ring finger pain. Treater states patient has tenderness in the upper extremities and is requesting an Electromyography for the bilateral upper extremities. Utilization review denied the request stating, "I do not have detailed neuro exam of the LUE that would require electrodiagnostic at this time." ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. Medical file provided for review does not indicate the patient has not had an electromyogram for the upper extremities. Given the patient's continued pain in the neck, shoulder and into the fingers an EMG for further investigation may be warranted. Recommendation is for approval.