

Case Number:	CM14-0199444		
Date Assigned:	01/13/2015	Date of Injury:	06/18/2011
Decision Date:	02/17/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/28/2014

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 Practice, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker developed left shoulder pain, low back pain, right leg and right knee pain on 6/18/2011 after working behind a register for several hours and lifting merchandise. An MRI of the right shoulder in January of 2013 showed bursitis. She had arthroscopy 4/4/2013. She has had MRI's of both shoulders, both wrists, and lumbosacral spine. Marginal osteophytes were noted in the L2-3 area. She has received chiropractic, TENS, and medications. According to orthopedic evaluation on September 25, 2014 she continues to complain of right and left shoulder pain, back pain with radiation down to the right leg, numbness in the right leg, and numbness in bilateral upper extremities. Physical examination revealed 5-/5 strength of the right shoulder, minimal Neer's and Hawkins impingement sign and positive O'Brien's testing of the right shoulder, mild Neer's and Hawkins impingement sign and positive O'Brien's testing of the left shoulder. Straight leg raise test was positive on the right. EMG of bilateral upper and lower extremities was recommended to see if she has any neurologic findings as she does have complaints of some numbness and tingling on those extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Electromyography (EMG) of the Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sections: Neck, Hand, Carpal Tunnel Syndrome, Topic: EMG

Decision rationale: According to the Official Disability Guidelines, EMG's have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy. Electrodiagnostic studies are recommended when neurotrauma such as ulnar nerve injury is suspected. In cases where carpal tunnel syndrome is suspected, EMG is only recommended where diagnosis is difficult with nerve conduction studies. In more difficult cases, EMG may be helpful as part of electrodiagnostic studies which include NCS. In this case, there are no history or exam findings to suggest cervical radiculopathy, brachial plexus abnormality, nerve injury or carpal tunnel syndrome. Numbness in the hands was reported but sensation was not tested nor was there other exam components to indicate a neurological problem before proceeding with electrodiagnostic studies. Furthermore, EMG instead of NCS or without NCS, would not be indicated. EMG is not medically necessary.

One (1) Electromyography (EMG) of the Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sections: Neck, Hand, Carpal Tunnel Syndrome, Topic: EMG

Decision rationale: According to the Official Disability Guidelines, EMG's have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy. Electrodiagnostic studies are recommended when neurotrauma such as ulnar nerve injury is suspected. In cases where carpal tunnel syndrome is suspected, EMG is only recommended where diagnosis is difficult with nerve conduction studies. In more difficult cases, EMG may be helpful as part of electrodiagnostic studies which include NCS. In this case, there are no history or exam findings to suggest cervical radiculopathy, brachial plexus abnormality, nerve injury or carpal tunnel syndrome. Numbness in the hands was reported but sensation was not tested nor was there other exam components to indicate a neurological problem before proceeding with electrodiagnostic studies. Furthermore, EMG instead of NCS or without NCS, would not be indicated. EMG is not medically necessary.