

Case Number:	CM14-0026114		
Date Assigned:	06/13/2014	Date of Injury:	10/13/2011
Decision Date:	01/15/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 Internal Medicine, has a subspecialty in Nephrology, 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:

This is a 45-year-old female with a 10/13/11 date of injury. The injury occurred when a heavy flat screen TV fell on top of her, and she fell to the ground hitting the corner of the bed, striking the left hip and low back. According to an appeal note dated 3/13/14, the patient continued to have lower back pain and bilateral shoulder pain, rated as a 9/10. She noted that she was having a flare-up of pain in her left shoulder that radiated into the left upper extremity with associated numbness and tingling. She continued to have pain despite conservative management including physical therapy, cortisone injections, and oral medications. Objective findings: decreased shoulder raise on the left 3/5, 3/5 on the left with forearm extension/flexion and 3/5 with grip strength, right upper extremity strength was 5/5 throughout, positive for Tinel's and Phalen's on the left; sensation was intact bilaterally at C2-8 dermatomes. Treatment to date: medication management, activity modification, lumbar ESI, surgery, physical therapy, cortisone injections. A UR decision dated 2/12/14 denied the request for EMG/NCS of bilateral upper extremities. There is no indication to study the uninvolved side, the right. In regard to the left, positive Tinel's and Phalen's without weakness or sensory changes and prior to any initial attempt to treat possible CTS with splinting, is insufficient indication for EMG/NCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremities (BUE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the present case, it is noted that this patient continued to have pain despite conservative treatment including physical therapy, cortisone injections, and oral medications. She had complaints of pain that radiated from her left shoulder down to her left elbow and also numbness and tingling in her left hand. However, the most recent medical record provided for review is dated 3/13/14. The medical necessity for this request cannot be established without documentation of the patient's current condition. Therefore, the request for electromyography (EMG) of the bilateral upper extremities (BUE) is not medically necessary.