

Case Number:	CM15-0147450		
Date Assigned:	08/10/2015	Date of Injury:	05/14/2015
Decision Date:	09/09/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 injured worker is a 58 year old female who reported an industrial injury on 5-14-2015. Her diagnoses, and or impression, were noted to include: right shoulder injury consistent with rotator cuff injury; cervical strain, rule-out disc herniation; right shoulder impingement syndrome; thoracic strain; and lumbar strain. X-rays of the right shoulder were done on 5-15-2015; no other imaging studies were noted. Her treatments were noted to include ice therapy; shoulder immobilizer; rest with elevation; medication management; and modified work duties. The progress notes of 6-26-2015 reported complaints of: neck pain with tingling to the right upper extremity; pain in the right shoulder, upper back, mid back and low back; and sleep disturbance secondary to chronic pain. Objective findings were noted to include: decreased cervical, lumbar and right shoulder range-of-motion; muscular guarding throughout the para-cervical, para-thoracic and para-lumbar musculature; positive cervical foraminal compression, Jackson's compression, cervical distraction, Kemp's, Milligrams and Minor's tests; and positive impingement signs in the right shoulder. The physician's requests for treatments were noted to include electrodiagnostic studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies (upper extremities): Upheld

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

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

Decision rationale: ACOEM Guidelines state that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with neck and arm symptoms lasting more than 3-4 weeks. In this case, the medical records show no subjective complaints or objective findings consistent with radicular pain or concerns for peripheral neuropathy. Guidelines criteria for EMG testing was not met. There is no clear rationale for EMG testing at this time. Therefore, the request for EMG of bilateral upper extremities is not medically necessary or appropriate.