

Case Number:	CM15-0047583		
Date Assigned:	03/19/2015	Date of Injury:	12/02/2010
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, California
 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 12/02/2010. The injured worker was diagnosed as having chronic multifactorial pain syndrome involving the neck and both upper extremities, right shoulder pain, right shoulder tendinitis, left shoulder pain, left shoulder tendinitis, right medial epicondylitis, right cubital tunnel syndrome and cervicobrachial syndrome with medial scapular pain. Treatment to date has included cognitive behavioral therapy and medications. Currently, the injured worker complains of chronic pain in her neck and scapular area, pain in the right shoulder and medial elbow and numbness. The injured worker found very little benefit from a repeat cortisone injection into the shoulder. The provider recommended nerve conduction studies to rule out a right ulnar nerve entrapment, MRI of the cervical spine and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of right upper extremity: Upheld

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): 182.

Decision rationale: According to the guidelines, An EMG is not recommended if exam, history and imaging are consistent with nerve root problem. It is recommended for clarifying nerve root dysfunction in those with suspected herniated disk. In this case, the claimant had a positive Tinel's sign in the right medial elbow. There was mention of decreased DTR in the bicep but result and location was not specified. The claimant was diagnosed with epicondylitis. The result of the EMG would not change treatment plan. In addition, an MRI was ordered to further corroborate. The request for an EMG right upper extremity is not medically necessary.

Electromyography (EMG) of the left upper extremity: Upheld

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): 182.

Decision rationale: According to the guidelines, An EMG is not recommended if exam, history and imaging are consistent with nerve root problem. It is recommended for clarifying nerve root dysfunction in those with suspected herniated disk. In this case, the claimant had a positive Tinel's sign in the right medial elbow. There was mention of decreased DTR in the bicep but result and location was not specified. The claimant was diagnosed with epicondylitis. The result of the EMG would not change treatment plan. In addition, an MRI was ordered to further corroborate. The request for an EMG left upper extremity does not correlate with the findings with the right arm and is not medically necessary.