

Case Number:	CM15-0050880		
Date Assigned:	03/24/2015	Date of Injury:	08/16/2011
Decision Date:	05/12/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/17/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female sustained an industrial injury on 8/16/11. She subsequently reported neck, low back and bilateral hand pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include lumbar sprain and strain and rheumatoid arthritis. Treatments to date have included surgery, physical therapy, acupuncture and prescription pain medications. The injured worker continues to experience bilateral elbow, wrist and hand pain. A request for an MRI of the right hand, EMG right upper extremity and EMG left upper extremity was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand, MRI.

Decision rationale: While the injured employee does complain of neck and upper extremity pain, the most recent progress note dated March 4, 2015 does not include any abnormal physical examination findings of the right upper extremity. As such, this request for an MRI the right hand is not medically necessary.

EMG Right Upper Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand, electrodiagnostic studies.

Decision rationale: While the injured employee does complain of neck and upper extremity pain, the most recent progress note dated March 4, 2015 does not include any abnormal physical examination findings of the right upper extremity. As such, this request for an EMG of the right upper extremity is not medically necessary.

EMG Left Upper Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand, electrodiagnostic studies.

Decision rationale: While the injured employee does complain of neck and upper extremity pain, the most recent progress note dated March 4, 2015 does not include any abnormal physical examination findings of the left upper extremity. As such, this request for an EMG of the left upper extremity is not medically necessary.