

Case Number:	CM15-0056934		
Date Assigned:	04/01/2015	Date of Injury:	12/23/2014
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old male, who sustained an industrial injury on December 23, 2014. The injured worker had reported neck, right wrist, left shoulder, left chest wall, left upper and lower extremity and back pain related to a motor vehicle accident. The diagnoses have included multiple left-sided rib fractures, left scapular body fracture, wrist sprain, lumbar spondylosis, left knee pain and neck of the glenoid fracture. Treatment to date has included medications, radiological studies, physical therapy and occupational therapy. Current documentation dated March 10, 2015 notes that the injured worker reported left shoulder, right wrist, left knee, left ankle and lumbar spine pain. Physical examination of the lumbar spine revealed constant pain and a decreased range of motion. Examination of the left shoulder revealed tenderness to palpation at the scapula and a decreased range of motion. Right wrist examination revealed pain and occasional numbness of the fingers with dull pain in the forearm. Special testing was negative. Examination of the left knee revealed pain, swelling and instability of the knee. The left ankle was also noted to be painful. The treating physician's plan of care included a request for an electromyography of the right upper extremity and an electromyography of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: MTUS Guidelines support the use of electrodiagnostic testing when neurologic compromise is suspected, but the findings are not clear. This individual meets these guideline criteria. The consistent complaints of upper extremity numbness are qualifying symptoms for potential neurologic compromise even without clear neurological exam findings. Under these circumstances, the request for the EMG left upper extremity is supported by guidelines and is medically necessary.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: MTUS Guidelines support the use of electrodiagnostic testing when neurologic compromise is suspected, but the findings are not clear. This individual meets these guideline criteria. The consistent complaints of upper extremity numbness are qualifying symptoms for potential neurologic compromise even without clear neurological exam findings. Under these circumstances, the request for the EMG right upper extremity is supported by guidelines and is medically necessary.