

Case Number:	CM15-0059342		
Date Assigned:	04/03/2015	Date of Injury:	03/01/2012
Decision Date:	05/08/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/30/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 51 year old female with an industrial injury dated March 1, 2012. The injured worker diagnoses include right wrist tendinitis, right wrist contracture, right elbow lateral epicondylitis, cervical strain, and radiculitis of right upper extremity. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/04/2015, the injured worker reported significant pain in her right wrist. Physical exam revealed tenderness over paracervical musculature with muscle spasms. Tenderness in the right elbow and right wrist were also noted. The treating physician prescribed electromyography (EMG) of the bilateral upper extremities.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient has been experiencing symptoms of cervical radiculopathy without significant change since may 2014. There is corroboration of the patient's symptoms by imaging studies. Documentation does not support necessity for EMG of the upper extremities. The request should not be authorized and the request is not medically necessary.