

Case Number:	CM15-0080943		
Date Assigned:	05/01/2015	Date of Injury:	11/16/2014
Decision Date:	06/08/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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, West Virginia, Pennsylvania
 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 48 year old female, who sustained an industrial/work injury on 11/16/14. She reported initial complaints of shoulder, wrist, and right knee pain. The injured worker was diagnosed as having left rotator cuff tear, right shoulder tear, left wrist tendinitis, rule out further injury, paresthasias in the left hand, mild localized neck and right knee pain. Treatment to date has included medication, physical therapy, and diagnostics. MRI results were reported on 1/13/15. Currently, the injured worker complains of bilateral shoulder (L>R), wrist, neck, and knee pain. Pain levels range from 7/10 to 10/10. Per the physician's new patient consultation on 3/20/15, examination reveals tenderness in the paracervical muscles with limited extension range of motion. Shoulder exam noted moderate tenderness at the anterior joint on the left, minimal tenderness on the left, pain with impingement maneuvers on the left, not on the right. Wrist exam noted swelling of the right wrist with tenderness to palpation, the left wrist is missing 15 degrees of extension. The right knee is non-tender with full range of motion. Tinel's is positive in the left wrist, grip strength is decreased in both wrists, more on the left. The requested treatments include EMG, right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Guidelines recommend use of EMG/NCV to identify subtle focal neurologic dysfunction lasting more than 3-4 weeks. In this case, the patients symptoms and findings are in the left upper extremity and although there is pain in the right wrist, there is no neurologic dysfunction in the right upper extremity. Thus, the request for right upper extremity EMG is not medically appropriate and necessary.