

Case Number:	CM14-0143274		
Date Assigned:	09/10/2014	Date of Injury:	05/29/2010
Decision Date:	10/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who reported an injury on 05/29/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included right knee surgery, status post right shoulder surgery, cervical spine herniated disc, right carpal tunnel syndrome, right L5 radiculopathy, right knee chondromalacia patellae, and knee lateral meniscal attenuation of mid zone. Previous treatments included medication, chiropractic sessions, and injections. Diagnostic testing included an MRI. Within the clinical note dated 03/05/2014, it was reported the injured worker complained of low back pain and right knee pain. She rated her pain 7/10 to 8/10 in severity. The injured worker reported undergoing right shoulder surgery in 2011. On the physical examination, the provider noted the lumbar spine range of motion was limited due to pain and spasms. The range of motion was noted to be flexion at 35 degrees and extension at 10 degrees. The submitted request is for an EMG of the bilateral upper extremities. However, a rationale was not submitted for clinical review. The Request for Authorization is not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BUE (bilateral upper extremity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for EMG BUE (bilateral upper extremity) is not medically necessary. The California MTUS/ACOEM Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no impingement or worsening has occurred within 4 weeks to 6 weeks, electrical studies may be indicated. The medical documentation submitted lacked evidence of muscle weakness and numbness that would indicate peripheral nerve impingement. There is lack of documentation indicating the injured worker had tried and failed conservative therapy. Additionally, there is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.