

Case Number:	CM14-0162743		
Date Assigned:	10/07/2014	Date of Injury:	08/18/2009
Decision Date:	10/30/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/03/2014

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 patient is a 42-year-old with a reported date of injury of 08/18/2009. The patient has the diagnoses of wrist sprain/strain, carpal tunnel syndrome, trigger finger, elbow strain/sprain, rotator cuff syndrome, shoulder sprain/strain and insomnia. Past treatment modalities have included right elbow surgery, right carpal tunnel release and carpal tunnel injections. Per the progress notes provided for review by the primary treating physician dated 08/15/2014, the patient had complaints of right wrist pain rated a 7/10, right elbow pain rated a 6-7/10 and right shoulder pain rated a 6-7/10. The physical exam noted tenderness in the right wrist, elbow and shoulder with decreased range of motion in these joints. The treatment plan recommendations included request for an 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:

EMG of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The ACOEM chapter on neck and upper back complaints and EMG/NCV states: "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms." The provided progress notes do not indicate any neurologic deficits on exam. All complaints are located on the right side and there is no mention of left upper extremity complaints or pathology. An EMG performed on 10/18/2010 showed no evidence of radiculopathy in the bilateral upper extremities. For these reasons criteria for EMG have not been met per the ACOEM. Therefore the request is not medically necessary.