

Case Number:	CM14-0096295		
Date Assigned:	09/15/2014	Date of Injury:	06/09/2010
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Practice 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 61 year old female claimant sustained a work injury on 6/9/10 involving the neck and shoulder. She was diagnosed with cervical radiculopathy and left shoulder impingement. A prior MRI in 2013 shoulder AC joint degenerative changes and rotator cuff tendonosis. A progress note on 5/15/14 indicated the claimant had continued left shoulder pain. She had undergone chiropractor therapy, acupuncture and steroid injections. Exam findings were notable for a positive Neer's and Hawkin's maneuver. Neurological exam was normal. The treating physician requested of both upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 8, 62, 63. Decision based on Non-MTUS Citation American Medical Association (AMA) Guidelines: Permanent impairment, 5th ed., Chicago, Ill; AMA Press; 2001, pages 382-383

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 213.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for a shoulder evaluation diagnoses. It is also not recommended for diagnosis of a nerve root involvement if history and physical exam are consistent. In this case, the physical exam is consistent with diagnoses and chronic symptoms. In addition, the complaints and exam findings relate to the left side. The request for bilateral upper extremity EMG is not medically necessary.