

Case Number:	CM15-0103606		
Date Assigned:	06/08/2015	Date of Injury:	07/21/2014
Decision Date:	07/09/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 65 year old male, who sustained an industrial injury on July 21, 2014. The injured worker previously received the following treatments Cyclobenzaprine, Methocarbamol, right acromioclavicular joint x-ray, left hand MRI which showed moderate tendinopathy at the first carpometacarpal joint and at least mild degenerative changes at the first metacarpophalangeal joint. The injured worker was diagnosed with tibialis tendinitis, posterior tibial tendon injury, AC joint osteoarthritis and left first interosseous hand muscle atrophy with carpedal spams. According to progress note of April 28, 2015, the injured workers chief complaint was second opinion on the right ankle and left hand muscles between the thumb and the index finger. The physical exam noted the injured worker ambulated without assistance. There was left first interosseous hand muscle atrophy with carpedal spams. The treatment plan included EMG (electro diagnostic studies) of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV 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, there is no indication or objective evidence of cervical radicular symptoms on physical exam, therefore, the request for Electromyograph (EMG) of the left upper extremity is determined to not be medically necessary.