

Case Number:	CM15-0113099		
Date Assigned:	06/19/2015	Date of Injury:	07/01/2012
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, Florida, 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 is a 39 year old female with an industrial injury dated 10/20/2008. Her diagnoses included worsening and progression of upper extremity complaints of the right shoulder with impingement and tendonitis, elbow epicondylitis, ulnar and median nerve compression and cervical sprain. Prior treatment included physical therapy which "helped a little bit", ultrasound treatment for the elbows and acupuncture treatments. Comorbid diagnosis was hypertension. She presents on 04/02/2015 complaining of more neck pain and pain in shoulder and elbow. There was also numbness of the hand and finger. Physical exam revealed weakness with gripping. There was tenderness and tightness of the cervical spine with very restricted range of motion on the shoulder with flexion and abduction. There was tenderness medially and laterally with swelling. The provider documents the injured worker is not able to return to work. Treatment plan included MRI of the cervical spine, psyche evaluation, acupuncture, EMG and nerve conduction studies because she had not improved with conservative treatment. The request is for EMG right upper extremity and NCV right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: This claimant was injured in 2008. There is upper extremity complaints on the right, with shoulder impingement, elbow epicondylitis, ulnar and median nerve compression and cervical strain. There is increasing pain. There is weakness with gripping. There is tenderness. No objective dermatomal neurologic signs are noted. The MTUS ACOEM notes that electro diagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electro diagnostic testing. The request was appropriately non-certified and is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: This claimant was injured in 2008. There is upper extremity complaints on the right, with shoulder impingement, elbow epicondylitis, ulnar and median nerve compression and cervical strain. There is increasing pain. There is weakness with gripping. There is tenderness. No objective dermatomal neurologic signs are noted. The MTUS ACOEM notes that electro diagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electro diagnostic testing. The request was appropriately non-certified and is not medically necessary.