

Case Number:	CM15-0116909		
Date Assigned:	06/24/2015	Date of Injury:	07/21/2010
Decision Date:	07/23/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 63 year old female who reported an industrial injury on 7/21/2010. Her diagnoses, and/or impressions, are noted to include: cervical radiculopathy; shoulder rotator cuff tear; bilateral rotator cuff impingement; and rule-out carpal tunnel impingement versus double crush syndrome. No current electromyogram or nerve conduction velocity studies are noted, the last ones were stated to have been done 6 years prior. Her treatments are noted to include psychiatric evaluation and treatment; left shoulder cortisone injection; right shoulder injection on 6/8/2015; and medication management. The orthopedic progress notes of 6/8/2015 reported a re-check of the upper extremities for complaints of right-side shoulder and arm pain with progressive numbness and tingling in both arms and hands. Objective findings were noted to include positive Phalen's and Tinel's of the bilateral carpal tunnel ligaments with limited range-of-motion; and positive impingement of Hawkins on the right shoulder, not seen on the left. The physician's requests for treatments were noted to include a bilateral electromyogram nerve conduction study to document the progression of carpal tunnel impingement due to difficulty gripping and dropping objects.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral cervical: 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): 165-194. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Medical records indicate this patient has had previous EMGs of bilateral upper extremities and was diagnosed with carpal tunnel syndrome. The treating physician has not provided documentation of subjective complaints or objective findings that indicate a need for an EMG of the cervical spine. As such, the request for EMG bilateral cervical is not medically necessary.