

Case Number:	CM15-0069191		
Date Assigned:	04/16/2015	Date of Injury:	08/18/2010
Decision Date:	05/22/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/13/2015

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: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 8/18/10. He reported neck pain, bilateral radiating arm pain, back pain, bilateral thumb pain, and bilateral leg pain. The injured worker was diagnosed as having status post bilateral biceps tendon repair and shoulder arthroscopy, status post left carpometacarpal reconstruction, right carpometacarpal osteoarthritis, L5-S1 disc bulge with bilateral L5 radicular pain, and probable C5-6 disc protrusion. Treatment to date has included aqua therapy, physical therapy, trigger point injections, and right L3-4 and S1 medial branch blocks. Other treatment included right sounder lysis of adhesions on 10/13/11, left shoulder debridement on 6/4/12, and left first carpometacarpal suspension arthroplasty on 3/7/13. Currently, the injured worker complains of low back pain, leg pain, neck pain, and arm pain. The treating physician requested authorization for an electromyogram of bilateral 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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back and upper/lower extremities. The patient is s/p left first CMC suspension arthroplasty on 03/07/13 and left shoulder arthroscopy on 06/04/12. The request is for EMG of the Bilateral Upper Extremity. Per 03/16/15 progress report, examination shows normal strength of upper extremities and positive left medical wrist Tinel's with radiation of pain into the second and third digits. Work statue is unknown. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electro-diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the treater does not explain why another EMG of bilateral upper extremity is being asked for but the patient is s/p CMC suspension arthroplasty from 3/17/13. There is no evidence of an updated EMG/NCV. Prior studies are from 2010 and 2011. Given the patient's persistent arm/hand and neck symptoms, an updated EMG/NCV studies would appear reasonable. The request is medically necessary.