

Case Number:	CM15-0079577		
Date Assigned:	04/30/2015	Date of Injury:	04/27/2012
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/25/2015

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: Emergency 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 35 year old female, who sustained an industrial injury on 4/27/2012. She reported symptoms in the right side of the neck, and then the right wrist, elbow and shoulder region. Diagnoses have included cervicgia, right DeQuervain's syndrome, right shoulder adhesive capsulitis and right rotator cuff tendinitis with impingement. Treatment to date has included acupuncture, steroid injections, chiropractic treatment, magnetic resonance imaging (MRI) and medication. According to the progress report dated 3/6/2015, the injured worker complained of right shoulder, wrist and hand pain rated 8/10. She also complained of intermittent headaches, as well as swelling into the right wrist, hand and forearm. Her last electromyography (EMG) was over a year ago. The injured worker stated that she felt her pain was worsening. Physical exam of the right upper extremity revealed tenderness. There was dysesthesia to light touch in the bilateral forearm area. Authorization was requested for upper extremity electromyography (EMG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper extremity EMG (electromyography): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested Upper extremity EMG (electromyography) is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has headaches, as well as swelling into the right wrist, hand and forearm. Her last electromyography (EMG) was over a year ago. The injured worker stated that she felt her pain was worsening. Physical exam of the right upper extremity revealed tenderness. There was dysesthesia to light touch in the bilateral forearm area. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, Upper extremity EMG (electromyography) is not medically necessary.