

Case Number:	CM15-0091143		
Date Assigned:	05/15/2015	Date of Injury:	01/20/2014
Decision Date:	09/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/12/2015

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 is a 56 year old female who sustained an industrial injury on 1-20-2014. She had cumulative trauma while working including sitting in a bar stool on podium to answer phones and make reservations and sitting in an awkward position as her work station was not ergonomically set. She has reported pain in the neck, arms, and hands and has been diagnosed with cervical spine radiculopathy status post-surgical intervention to the cervical spine. Treatment has included medical imaging, medications, surgery, and acupuncture. There was spasm and tenderness over the cervical paravertebral musculature, upper trapezium, and interscapular area. There was tenderness over the acromioclavicular area. Impingement and Hawkin's signs were positive bilaterally. Tenderness was noted over the elbow. Resisted bilateral wrist extension did elicit tenderness over the bilateral lateral epicondyle. The treatment plan included physiotherapy. The treatment request included EMG of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of upper extremities: 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): 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, the injured worker has previously had an EMG of the upper extremities which revealed bilateral median neuropathy and left ulnar neuropathy. There is no evidence or documentation that there have been any changes in signs or symptoms that would warrant a new bilateral upper extremities. The request for EMG of upper extremities is determined to not be medically necessary.