

Case Number:	CM15-0097293		
Date Assigned:	05/28/2015	Date of Injury:	06/02/2011
Decision Date:	07/03/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58-year-old male, with a reported date of injury of 06/02/2011. The diagnoses include left shoulder strain and myofascial pain. Treatments to date have included oral medications. The progress report dated 04/07/2015 indicates that the injured worker had left shoulder, low back, right knee, and left knee pain. The physical examination showed intact light touch sensation in the right mid-anterior thigh, right mid-lateral calf, and right lateral ankle. No other objective findings were indicated. The medical report dated 12/08/2014 mentioned upper extremity electrodiagnostic studies regarding prolonged upper extremity neuroradicular complaints. The treating physician requested an EMG (electromyography) 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 the upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG.

Decision rationale: Pursuant to the Official Disability Guidelines, upper extremity EMG is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbar spine disc rupture; left shoulder strain; right knee strain; left knee strain; and other problems unrelated to current evaluation. Subjectively, the injured worker has complaints of low back pain, left shoulder and bilateral knee pain. The light touch sensation section of the physical examination section of a progress note dated April 7, 2015 contains right mid anterior thigh, right made lateral, and right lateral ankle are all intact. There are no additional physical findings documented in the medical record. The documentation does not contain subjective or objective clinical findings indicating radiculopathy or neuropathic symptoms and or signs. There is no clinical indication or rationale in the medical record for electrodiagnostic studies. Additionally, the injured worker did not specify right or left upper extremity. Regardless, there are no neurologic symptoms referable to the right or left upper extremity according to the documentation in an April 7, 2015 progress note (request for authorization date April 15, 2015). Consequently, absent clinical documentation with neurologic findings compatible with radiculopathy and/or neuropathy, upper extremity EMG is not medically necessary.