

<b>Case Number:</b>	CM13-0016906		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. The expert reviewer is Board Certified in American Board of Orthopaedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records indicate that this is a 41-year-old maintenance technician who sustained an injury while lifting objects more than 2 ½ years ago. He was diagnosed with cervical strain, shoulder-elbow tendinitis, and depression. A certification of bilateral upper extremity electrodiagnostic testing (nerve conduction studies) had been certified. Imaging studies noted calcific tendinitis and changes to the bilateral shoulders. Multiple modalities and treatment are identified. Acupuncture had been employed. There is no record of exhaustion of physical therapy or conservative treatment. The request is for Electromyography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE RETROSPECTIVE ELECTROMYOGRAPHY BETWEEN 8/12/13 AND 9/26/13:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with

neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. However, in this case it is clear that there is no specific motor function loss noted on physical examination, negating the need of EMG. Thus, when considering the reported mechanism of injury, the diagnosis made and lack of any overt physical examination findings to suggest a subtle neurologic change; this request is not medically necessary in the literature. Therefore, there is insufficient clinical information presented to support this request.