

<b>Case Number:</b>	CM13-0019442		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	06/15/2009
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, Sports Medicine, and is licensed to practice in California. 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 physician 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 patient is a 58-year-old female who reported an injury on 06/15/2009 following a fall. The patient's diagnoses include right shoulder pain, right shoulder rotator cuff repair, and right arm radiculopathy. The patient has been noted to complain of pain and numbness radiating down her right arm. Her objective findings at her most recent office visit dated 08/05/2013 noted that the incisions are healing well, and no signs of infection. A request was made for right upper extremity nerve conduction velocities and electromyography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV to the right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper back, Electromyography & nerve conduction studies.

**Decision rationale:** According to the CA MTUS/ACOEM Guidelines, electromyography and nerve conduction velocities may help identify neurologic dysfunction in patients with neck or arm symptoms or both, when the symptoms the last longer than 3 to 4 weeks. The clinical

information submitted for review failed to show recent objective clinical findings consistent with radiculopathy or any neurological deficits to support the necessity of the electrodiagnostic studies. Therefore, the request is non-certified.