

<b>Case Number:</b>	CM13-0024890		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/17/2002
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine & Rehabilitation, 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 patient is a 55-year-old female who reported injury on 01/17/2002. The mechanism of injury was noted to be a coworker fell from above and struck the patient in the head and right shoulder. The patient underwent a right shoulder arthroscopic acromioplasty, Mumford, and SLAP repair on 10/31/2007; and underwent an anterior cervical decompression and fusion at C6-7 on 09/02/2008; and an anterior cervical decompression and fusion at C5-6 on 12/20/2012. The documentation submitted for review dated 08/23/2013 revealed the patient had started having some burning sensation in the upper extremities. The patient indicated she believed the pain started in the neck and radiated down the bilateral elbows and down bilateral arms. The patient indicated the pain gets significant in the form of a burning sensation. The upper extremity examination revealed the patient's biceps flexion and triceps extension were within physiologic range bilaterally, and sensation was intact to light touch bilaterally. The treatment plan was noted to include upper extremity nerve conduction studies to assess the neural structures. The submitted request was for electromyogram and nerve conduction study of the upper extremities. The patient's diagnosis was noted to include cervical herniated disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAM OF THE BILATERAL UPPER EXTREMITIES:** 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): 177-179.

**Decision rationale:** ACOEM Guidelines state that 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. Clinical documentation submitted for review failed to indicate the patient had decreased sensation, as it was indicated that sensation was intact to light touch bilaterally. The request for an electromyogram of the bilateral upper extremities is not medically necessary and appropriate.