

<b>Case Number:</b>	CM13-0025002		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/26/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuro Oncology and is licensed to practice in Massachusetts, Ohio, and 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 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.

### 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 an injury on 05/23/2011. The mechanism of injury was reported as cumulative trauma. The clinical documentation dated 11/12/2013 reported the patient was post-op following a left shoulder arthroscopy on 10/30/2013. The patient complained of post-operative pain and soreness. The patient medication regimen included Norco, Flexeril, and Protonix, of which the dosage and frequency were not provided in the medical record. Examination of the left shoulder revealed surgical portals had healed well. Review of the medical record also revealed the patient had a cervical MRI on 09/21/2011 and 01/24/2012 which revealed tendonitis and bursitis without injury. EMG studies done 03/02/2012 reported negative findings of radiculopathy or compression neuropathy. Lumbar MRI done 04/3/2012 revealed moderate stenosis due to shortened pedicles, routine appearing degenerative disc changes and routine facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG-NCV BUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation (ODG) Neck and upper Back, Nerve conduction studies (NCS).

**Decision rationale:** California MTUS ACOEM does not address EMG -NCV bilateral upper extremities specifically. It does state 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. Official Disability Guidelines state nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. There were no documented changes in the patient's condition since the prior studies were done that would require a repeat EMG/NCV at this time. The request has not been proven medical necessary; therefore the request for EMG-NCV BUE is non-certified.