Case Number:	CM13-0027355		
Date Assigned:	11/22/2013	**Date of Injury:**	10/26/2011
Decision Date:	02/04/2014	**UR Denial Date:**	09/11/2013
Priority:	Standard	**Application Received:**	09/20/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in New York 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. 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 53-year-old female who reported an injury on 10/26/2011. The mechanism of injury was noted to have been repetitive overhead movements while moving oven trays. Her symptoms include midline neck pain radiating to her right trapezius and to her left trapezius; bilateral upper extremity pain, right more than left; numbness and paresthesias to all digits; sleep disturbance because of pain; and low back pain radiating to the lateral left hip. Her objective include tenderness of the right shoulder, positive impingement sign, positive supraspinatus sign, positive acromioclavicular joint tenderness, positive crepitus, negative drop arm test, normal motor strength to her bilateral upper extremities, normal sensation to the bilateral upper extremities, decreased range of motion to the right shoulder, positive impingement sign and supraspinatus sign of the left shoulder, positive acromioclavicular joint tenderness, positive crepitus, decreased range of motion to the left shoulder, tenderness to palpation of the cervical spine musculature, positive levator scapulae and trapezius muscle spasm, decreased range of motion of the lumbar spine, positive Spurling's test, normal deep tendon reflexes, and decreased grip strength on the right side. The diagnoses include degenerative disc disease of C2-6, degenerative joint disease of the right shoulder, and sleep disturbance because of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG to the right upper extremity (RUE): Upheld

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

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

Decision rationale: According to CA MTUS/ACOEM Guidelines, electromyography and nerve conduction velocities may help identify subtle, focal, neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The patient's physical examination failed to show significant objective findings of neurological dysfunction in the upper extremities. The patient was noted to have normal motor strength, sensation, and reflexes to her bilateral upper extremities. Therefore, the request for an EMG to the right upper extremity (RUE) is not supported. For this reason, the request is non-certified.

EMG to the left upper extremity (LUE): Upheld

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

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

Decision rationale: According to CA MTUS/ACOEM Guidelines, electromyography and nerve conduction velocities may help identify subtle, focal, neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The patient's physical examination failed to show significant objective findings of neurological dysfunction in the upper extremities. The patient was noted to have normal motor strength, sensation, and reflexes to her bilateral upper extremities. Therefore, the request for an EMG to the left upper extremity (LUE) is not supported. For this reason, the request is non-certified.

NCS to the right upper extremity (RUE): Upheld

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

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

Decision rationale: According to CA MTUS/ACOEM Guidelines, electromyography and nerve conduction velocities may help identify subtle, focal, neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The patient's physical examination failed to show significant objective findings of neurological dysfunction in the upper extremities. The patient was noted to have normal motor strength, sensation, and reflexes to her bilateral upper extremities. Therefore, the request for a nerve conduction study is not supported. For this reason, the request is non-certified

NCS to the left upper extremity (LUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.

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

Decision rationale: According to CA MTUS/ACOEM Guidelines, electromyography and nerve conduction velocities may help identify subtle, focal, neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The patient's physical examination failed to show significant objective findings of neurological dysfunction in the upper extremities. The patient was noted to have normal motor strength, sensation, and reflexes to her bilateral upper extremities. Therefore, the request for a nerve conduction study is not supported. For this reason, the request is non-certified.