

<b>Case Number:</b>	CM13-0030189		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of 2/3/11. A utilization review determination dated 9/3/13 recommends non-certification of EMG/NCV left upper extremity. An AME report dated 6/25/13 identifies that the author previously examined the patient and opined at that time that she did not require active treatment and had reached MMI, but he had requested the prior diagnostic studies be provided for his review before providing opinions regarding her permanent factors of disability. He received a 9/8/11 EMG/NCV study of the bilateral upper extremities and MRI scans of the cervical spine and right shoulder dated 7/5/11. He reviewed the studies and his opinion remained that the patient did not require active treatment and was considered MMI. Recommended future medical care included access to future care for exacerbations to include orthopedic reevaluation, oral medications, bracing, injections, and brief courses of physical therapy, and he noted that, should her condition significant deteriorate, she may require further testing. Diagnoses included "strain/sprain cervical spine... strain/sprain right shoulder superimposed on possible superior labral tear...strain/sprain right wrist/hand."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV left upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, online version).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

**Decision rationale:** Regarding the request for EMG/NCV left upper extremity, the MTUS guidelines note 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." Within the documentation available for review, there is no documentation of any persistent neck and/or arm symptoms suggestive of focal neurologic dysfunction. In the absence of such documentation, the currently requested EMG/NCV left upper extremity is not medically necessary.