

<b>Case Number:</b>	CM13-0033740		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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 57-year-old female who reported an injury on 03/01/2013 after she reportedly tripped over bags of dog food while she was mopping the lobby while at work. The patient subsequently hit the back of her head on the concrete and hurt her left shoulder as well. The patient had intense pain in her head but was able to get up and sit in a chair; however, she was diagnosed as having a concussion after an extensive physical exam was performed. The patient was also diagnosed as having left shoulder injury to the rotator cuff or labral tear and a right knee injury, suspecting a lateral meniscus tear. The patient was most recently seen on 09/27/2013 for a followup evaluation of her left shoulder and left knee pain. An MRI of the left shoulder revealed signs of tendinosis and subacromial bursitis without clear signs of rotator cuff tear. Under the physical exam, the patient was noted to have left shoulder active abduction 120 degrees, and forward flexion of 100 degrees. Upon the assessment the patient was noted to have right knee pain, frozen shoulder, and left shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. EMG/NCV of the Right Lower Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electrodiagnostic Studies (EDS) and Nerve Conduction Studies

**Decision rationale:** According to MTUS/ACOEM guidelines, EMGs for clinically obvious radiculopathy are not recommended. Furthermore, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In the case of this employee, the complaints of low back pain did not arise until several months after the initial injury occurred. EMGs are utilized to confirm radiculopathy. The employee has not been indicated as having symptoms of radicular findings on any of the documentations. Under Official Disability Guidelines, it further indicates that nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the case of this employee, there was no distinct rationale for the intended use of an EMG/NCV when the employee has not been diagnosed as having radicular findings or neurological deficits at this time. Therefore, the medical necessity for an EMG/NCV of the right lower extremity cannot be established. As such, the requested service is non-certified.

**EMG/NCV of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Under the MTUS/ACOEM guidelines, electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 weeks or 4 weeks. In the case of this employee, the documentation does not indicate the employee has had any neurologic dysfunctions related to the injury sustained in 03/2013. Therefore, the rationale for undergoing an EMG/NCV of the right upper extremity cannot be established. As such, the medical necessity is not warranted and the requested service is non-certified.

**EMG/NCV of the Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electrodiagnostic Studies (EDS) and Nerve Conduction Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179.

**Decision rationale:** According to the MTUS/ACOEM guidelines, EMGs for clinically obvious radiculopathy are not recommended. Furthermore, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In the case of

this employee, the complaints of low back pain did not arise until several months after the initial injury occurred. EMGs are utilized to confirm radiculopathy. The employee has not been indicated as having radicular findings or neurological deficits on any of her documentations. Under Official Disability Guidelines, it further states that nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the case of this employee, there was no distinct rationale for the intended use of an EMG/NCV when the employee has not been diagnosed as having radicular findings at this time. Therefore, the medical necessity for an EMG/NCV of the left lower extremity cannot be established. As such, the requested service is non-certified.

**EMG/NCV of the Left Upper Extremity: 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.

**Decision rationale:** Under the MTUS/ACOEM guidelines, electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 weeks or 4 weeks. In the case of this employee, the documentation does not indicate the employee has had any neurologic dysfunctions related to the injury sustained in 03/2013. Therefore, the rationale for undergoing an EMG/NCV of the left upper extremity cannot be established. As such, the medical necessity is not warranted and the requested service is non-certified.