

<b>Case Number:</b>	CM13-0036317		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/29/2004
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Internal Medicine and is licensed to practice in Rhode Island. 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 beneficiary has a date of injury of April 29, 2004. She has pain involving the neck, high back and shoulder area. She has decreased strength bilaterally; right greater than left and some loss of reflex on right upper extremity. She has been treated with physical therapy for unclear period of time. The request is for EMG/NCV of left and right upper extremities

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for one (1) Electromyogram (EMG) of the Left 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 1 Prevention Page(s): 178.

**Decision rationale:** The beneficiary presents for high back, shoulder and neck area pain. The pain is long standing. She has no exam findings that would warrant an EMG/NCV study of the left upper extremity. It is also not clear if she has completed a course of conservative therapy. Therefore the request for one (1) Electromyogram (EMG) of the Left Upper Extremity is not medically necessary and appropriate.

**The request for one (1) Nerve Conduction Velocity (NCV) of the Left 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 1 Prevention Page(s): 178.

**Decision rationale:** The beneficiary presents for high back, shoulder and neck area pain. The pain is long standing. She has no exam findings that would warrant an EMG/NCV study of the left upper extremity. It is also not clear if she has completed a course of conservative therapy. Therefore the request for one (1) Nerve Conduction Velocity (NCV) of the Left Upper Extremity is not medically necessary and appropriate.