

<b>Case Number:</b>	CM13-0037404		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2013

### 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 Orthopaedic Surgery and is licensed to practice in 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 41 year old male who reported injury on 10/20/2012 with mechanism of injury being the patient was working as a busboy and had a trip and fall and caught himself by putting his right hand down. The patient's diagnoses are noted to include right shoulder strain, impingement rotator cuff tendinopathy, right wrist sprain/strain, and right wrist tendinopathy. The request was made for an electromyography (EMG)/nerve conduction study (NCS) of the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Shoulder Chapter, diagnostic arthroscopy section.

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

**Decision rationale:** ACOEM states 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. Clinical

documentation submitted for review indicated the patient had a negative Tinel's and negative Phalen's, along with diminished sensation and diminished strength. Clinical documentation submitted for review failed to provide the dermatomal and myotomal findings to indicate the necessity for the requested testing. Additionally, it failed to provide the necessity for both an EMG and NCV. It was noted the physician wanted to rule out radiculopathy. The request for both the EMG and the NCV are not supported. Given the above, the request for EMG/NCS right upper extremity is not medically necessary.