

<b>Case Number:</b>	CM13-0039836		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in California and Washington. 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 expert 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 injured worker is a 50-year-old female who reported an injury on 07/04/2011. The mechanism of injury was not stated. Current diagnoses include left shoulder impingement and cervical herniated nucleus pulposus. The latest physician progress report submitted for this review was documented on 07/31/2013. The injured worker presented with complaints of pain and stiffness in the left shoulder. Previous conservative treatment was not mentioned. The physical examination revealed tenderness to palpation at C5-6, trapezius and rhomboid spasm, positive Spurling's maneuver, painful range of motion of the cervical spine, tenderness to palpation of the left shoulder, and positive Neer's and Hawkins testing. The treatment recommendations at that time were not listed. There was no Request for Authorization form submitted for the current request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS BILATERAL UPPER EXTREMITIES:** 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:** The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there was no evidence of motor weakness or sensory deficit with regard to the cervical spine or the bilateral upper extremities. There was also no mention of an attempt at any conservative treatment prior to the request for electrodiagnostic studies. The medical necessity has not been established. Therefore, the request for EMG/NCS bilateral upper extremities is not medically necessary and appropriate.

**Consult with neurologist for the left shoulder, cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there was no evidence of an attempt at any conservative treatment prior to the request for a specialty referral. There were no x-rays or imaging studies provided for this review. The medical necessity has not been established. Therefore, the request for consultation with neurologist for the left shoulder, cervical spine is not medically necessary and appropriate.