

<b>Case Number:</b>	CM13-0048507		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 48-year-old male who reported an injury on 03/14/2013. The patient was reportedly injured while pulling merchandise from a trailer. The patient is currently diagnosed with left shoulder impingement. The patient was seen on 09/09/2013. The patient reported continuous aching in the left shoulder. The patient also reported stiffness, activity limitation, and difficulty sleeping. Physical examination on that date revealed spasm and tenderness over the upper trapezium, paravertebral musculature, and interscapular area. The patient also demonstrated 5/5 motor strength in bilateral upper extremities, intact sensation, positive impingement and Hawkins sign, and positive Yergason's sign. X-rays obtained in the office on that date indicated a type 2 acromion without any evidence of fracture. Treatment recommendations at that time included a Functional Capacity Evaluation and electrodiagnostic studies of bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EMG RIGHT 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 Page(s): 177-179.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient demonstrated 5/5 motor strength in bilateral upper extremities with intact sensation. There was no documentation of a significant neurologic dysfunction such as sensory, reflex or motor system change. There is no evidence of peripheral neuropathy. Based on the clinical information received, the request is non-certified.

**NCV 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 Page(s): 177-179.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient demonstrated 5/5 motor strength in bilateral upper extremities with intact sensation. There was no documentation of a significant neurologic dysfunction such as sensory, reflex or motor system change. There is no evidence of peripheral neuropathy. Based on the clinical information received, the request is non-certified.

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