

<b>Case Number:</b>	CM13-0050170		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/17/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Family Practice 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 45 year old female who reported an injury on 06/17/2012. After having a cumulative trauma injury, the patient was diagnosed with cervicgia status post fusion and right clavicle fracture. Diagnostic studies showed advanced C5-6 and C6-7 degenerative changes with osteophytic riding, spinal cord compression, and bilateral foraminal stenosis. The patient has undergone a C5-6 and C6-7 anterior cervical discectomies, osteophyctomy, and bilateral foraminotomies with anterior interbody fusion performed on 02/04/2013. The documentation from 10/02/2013 indicated the patient continued to experience neck and right shoulder pain which she described as throbbing in the right shoulder as well as muscle weakness and stiffness. The physical examination revealed extreme deformity and diminished flexion, extension, and bilateral lateral bending. The patient was most recently seen on 10/30/2013 with complaints of left shoulder, left wrist and cervical spine pain. However, there were no physical examination notes from which to refer to.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the left upper extremity between 10/18/2013 and 12/22/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Under California Medical Treatment Utilization Schedule (MTUS) and [REDACTED] states that electromyography, and nerve conduction velocities, including H-reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. In the case of this patient, on the 10/02/2013 exam date, the patient was noted to have subjective complaints of neck and right shoulder pain to include numbness in the hands, mostly in the C6-7 distribution. However, it states that sensation is intact and there is no cyanosis, no clubbing, and no edema noted. The patient's strength and tone were overall presented as good. Therefore, the rationale behind an EMG of the left upper extremity cannot be established. Without having objective neurological deficits, an EMG would not be considered medically necessary. With no further objective information pertaining to the patient's subjective complaints, the requested service is non-certified.

**NCS of the left upper extremity between 10/18/2013 and 12/2/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and [REDACTED] states 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. In the case of this patient, she has been having subjective complaints of numbness in her upper extremity due to an unknown cause, whether it is from cumulative trauma, or due to a fracture of clavicle that was poorly healed. Without having sufficient objective neurological deficits, the requested NCV is not supported. As such, the requested service is non-certified.