

<b>Case Number:</b>	CM13-0050939		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

Applicant is a 30 year old male who sustained a work related injury to his left shoulder, left arm, left elbow, and left wrist on 03/15/2013. Applicant complains of continued pain despite conservative treatments and measures. Medical report dated 09/16/2013 confirmed upper extremity range of motion values as follows; left wrist (flexion 51°, extension 33°, radial deviation 18°, ulnar deviation 21°), right wrist (flexion 23°, extension 22°, radial deviation 18°, ulnar deviation 29°), left elbow (flexion 90°, extension 3°, pronation 48°, supination 44°), right elbow (flexion 97°, extension 0°, pronation 38°, supination 38°), left shoulder (internal rotation 57°, external rotation 56°, flexion 118°, extension 29°, adduction 29°, abduction 79°), and right shoulder (internal rotation 48°, external rotation 55°, flexion 129°, extension 35°, adduction 39°, abduction 83°). NCV and SSEP report dated 5/31/2013 revealed normal study of bilateral upper extremities. No clinically significant electrographic evidence of axonal neuropathy or demyelination. ██████████ requested MRA of the left shoulder, EMG/NCV of bilateral upper extremities, and Tramadol 50 mg #60 1-2 tabs every 6 hours for pain. These were denied as the treatment does not meet medically necessary guidelines per the California MTUS or ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The CA MTUS guidelines indicate that EMGs are useful if subtle, focal neurologic dysfunction is present. Since the prior NCV and SSEP report dated 05/31/2013 showed no clinically significant electrographic evidence of nerve damage, an EMG is very unlikely to show nerve damage issues as well. There is no reported evidence of diminished DTRs, muscle strength or sensory deficits of either upper extremities documented, which would have at least provides some justification for an EMG study.

**Nerve Conduction Velocity (NCV) Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** There is no medical necessity documented since the prior NCV and SSEP report dated 05/31/2013 was normal. There is no documentation of abnormal neurologic findings such as diminished reflexes, atrophy, or sensory and motor deficits. Thus, the request for is NCV of bilateral upper extremities is non-certified.

**Prescription of Ultram(Tramadol) 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** If the patient is being prescribed this agent for the first time, its use would be entirely reasonable. However, if the patient has been on this medication for beyond 6 months, there is no evidence of increase in patient function (Oswestry scores or narrative summary). Since there is no documentation regarding as to the length of time that the patient has been taking Tramadol as well as no information to its effect, the request for Tramadol is not certified.