

<b>Case Number:</b>	CM13-0057846		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 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 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 35-year-old female who reported an injury on 11/16/2012; the mechanism of injury reported was a fall. The clinical note dated 08/21/2013 noted that the injured worker complained of neck pain, bilateral shoulder pain, left-sided elbow pain, and bilateral knee pain. The injured worker also indicated that, on the date of injury when she fell, she also injured her left hip and she has pain with prolonged periods of sitting, standing, walking, stair-climbing, driving, and other activities of comparable physical effort. On physical exam, the injured worker was noted to have spasms, tenderness, and guarding noted in the paravertebral muscles of the cervical spine, along with decreased range of motion. Impingement is noted to be positive over the shoulders bilaterally. Gaenslen's test is noted to be positive over the left hip with decreased range of motion. The injured worker also complained of left-sided wrist pain with weakness. It was noted the injured worker complained of difficulty with gripping, grasping, lifting, pushing, and pulling. The plan is for the injured worker to be re-evaluated in 4 weeks. MRI of the cervical spine without contrast dated 11/30/2012 impression noted (1) minimal diffuse disc bulges from C3-4 through C6-7, facet hypertrophy, moderate on the right at C3-4, and on both sides at C4-5, no central canal stenosis noted, mild right neural foraminal stenosis at C3-4. The documentation provided did not include any conservative care, therapies, medication list, or pain levels prior to and after by mouth medication. Surgical history was not included in the medical records for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** California MTUS states that most patients require special studies such as an EMG or NCV after 4 weeks to 6 weeks of conservative care and observation. The documentation provided for review did not note any red flag conditions such as wrist injury, acute injury to the metatarsophalangeal of the thumb, or any noted peripheral nerve impingement. The California MTUS Guidelines are the same for an EMG as they are for an NCV for the testing purposes for diagnostic testing. The documentation provided for review did not include any conservative care, levels of pain, or complaints of decreased sensation or tingling. Therefore, the request is non-certified.

**EMG/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 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** California MTUS states that most patients require special studies such as an EMG or NCV after 4 weeks to 6 weeks of conservative care and observation. The documentation provided for review did not note any red flag conditions such as wrist injury, acute injury to the metatarsophalangeal of the thumb, or any noted peripheral nerve impingement. The California MTUS Guidelines are the same for an EMG as they are for an NCV for the testing purposes for diagnostic testing. The documentation provided for review did not include any conservative care, levels of pain, or complaints of decreased sensation or tingling. Therefore, the request is non-certified.