

<b>Case Number:</b>	CM13-0068129		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/05/2003
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 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 47-year-old male who reported an injury on 06/05/2003. The patient was reportedly injured while pulling on a heavy piece of luggage, at which time the patient felt a pulling sensation in the left shoulder and neck. Although a current comprehensive physical examination was not provided, a previous UR determination letter noted the patient had undergone multiple x-rays, MR arthrogram of the left shoulder on 07/19/2004, and an MRI of the cervical spine on 06/21/2004, as well as electrodiagnostic studies of the upper extremities, which were noted to have revealed abnormalities consistent with mild left carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DECISION FOR 1 ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

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

**Decision rationale:** Regarding the request for an EMG of the bilateral upper extremities between 12/06/2013 and 01/20/2014, according to California MTUS at ACOEM, EMGs are utilized to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection. It further states that electromyography and nerve conduction velocities, including H-reflex tests, 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, there is a lack of current comprehensive physical examination to provide a thorough rationale for the medical necessity of an EMG for the upper extremity. Therefore, without having sufficient information pertaining to the patient's current pathology, the requested service is not considered medically necessary and is non-certified