

<b>Case Number:</b>	CM13-0070862		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain associated with an industrial injury sustained on November 5, 2010. Thus far, the applicant has been treated with analgesic medications, earlier shoulder surgeries, and MRI imaging from December 20, 2013, notable for a retracted tear of the long head of the biceps tendon. In an October 29, 2013 progress note, the applicant reports persistent shoulder pain. He is not working. The applicant states that the left upper extremity is useless. The applicant exhibits dysesthesias to light touch in the C7 dermatome with 4/5 left shoulder/left upper extremity strength appreciated. EMG/NCV testing of the bilateral upper extremities is sought to try and evaluate for a possible cervical radiculopathy. The applicant is not working, it is reiterated. The applicant does have issues with anxiety, it is also noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines, EMG testing can help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms, which lasts greater than three to four weeks. In this case, the applicant in fact has neck pain radiating to left upper extremity and associated left upper extremity dysesthesias appreciated on exam. However, his symptoms are entirely unilateral. His symptoms are confined to the symptomatic left upper extremity. While EMG of the left upper extremity could have been supported in light of the applicant's persistent neck and left upper extremity complaints, electrodiagnostic testing of the bilateral upper extremities, including the asymptomatic and uninvolved right upper extremity is not indicated. Since partial certifications are not permissible through the Independent Medical Review process, the request is wholly not certified.

**NCV OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines, NCV testing can help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms, which lasts greater than three to four weeks. In this case, the applicant in fact has neck pain radiating to left upper extremity and associated left upper extremity dysesthesias appreciated on exam. However, his symptoms are entirely unilateral. His symptoms are confined to the symptomatic left upper extremity. While NCV of the left upper extremity could have been supported in light of the applicant's persistent neck and left upper extremity complaints, electrodiagnostic testing of the bilateral upper extremities, including the asymptomatic and uninvolved right upper extremity is not indicated. Since partial certifications are not permissible through the Independent Medical Review process, the request is wholly not certified.