

<b>Case Number:</b>	CM14-0103618		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/05/2014

### **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, has a subspecialty in Pain Management and is licensed to practice in Texas and Ohio. 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 43-year-old male who reported an injury on 01/14/2014 reportedly who was lifting a motor back, and he initially got a little light headed when lifting the motor but really did not have any pain in his shoulder until about 2 weeks later. The injured worker sustained injuries from the base of his neck going to his shoulder. Treatment history included physical therapy treatment, MRI studies, cervical x-ray, medications, and injections. The injured worker had undergone an MRI of the right shoulder on 04/16/2014 that revealed mild sub-deltoid bursitis/fluid. Distal supraspinatus tendinopathy, possible small interstitial tears, and suspected small 2 mm partial thickness undersurface tear at the greater tuberosity insertion. No full thickness rotator cuffs tear and acromioclavicular and glenohumeral degenerative change also early subcortical cystic change of the humeral head at the infraspinatus insertion. No definite labral tear. The injured worker was evaluated on 05/19/2014, and it was documented that the injured worker complained of pain in the cervical spine. The injured worker has severe pain in the neck radiating down to the arm. However, there was neck pain which radiated down to all of the fingers. On the physical examination, the Spurling's test was positive. The cervical lordosis, thoracic kyphosis, scapular winging and tenderness were normal. The cervical range of motion in flexion touched chin to chest, extension was 10 degrees, bilateral rotation was 70 degrees, and bilateral bending was 45 degrees. Motor strength at nerve root was 5/5 in C5-T1. Reflexes were 2/2 bilaterally. In the shoulder examination, the greater tuberosity bicipital groove, acromioclavicular (AC) joint posterior capsule, rotator cuff, and supraspinatus fossa

were normal. The shoulder ranges of motion: abduction was 170 degrees, extension and abduction 50 degrees, flexion was 175 degrees, and internal and external rotation was 90 degrees. The impingement examination was positive in forward flexion, resisted abduction, adduction, and internal rotation. Medications included Medrol dosepak to alleviate the cervical radiculopathy. Diagnoses included cervical spondylosis with myelopathy, cervical radiculopathy, and shoulder impingement syndrome. The Request for Authorization or rationale was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG LEFT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The request for electromyography of the right upper extremities is not medically necessary. The CA MTUS/ACOEM guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. There is no documentation of significant change in symptoms or findings to support a repeat evaluation through EMG for right upper extremities. It was noted the injured worker has received conservative care, however the outcome measurements was not provided. Given the above, the request is not medically necessary.

#### **NCS RIGHT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines Neck & Upper Back, Nerve Conduction Studies.

**Decision rationale:** The request for nerve conduction study (NCS) right upper extremity is not medically necessary. The Official Disability Guidelines does not recommend NCS studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy in the management of spine trauma with radicular symptoms, for more details on NCS. Studies have not shown portable

nerve conduction devices to be effective. Electromyography is recommended to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There was no documentation of objective neurological findings suggestive of cord or nerve root pathology. In addition, the outcome measurement of conservative care was not submitted for this review. Given the above the request is not medically necessary.

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