

<b>Case Number:</b>	CM14-0104865		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 50 year old male who sustained an industrial injury on 07/31/2008. The mechanism of injury was not provided in the medical records submitted for review. His diagnoses include left shoulder injury; pain syndrome post fracture; and myofascial pain in the scapular muscles. The physical exam did not document any crepitus of the shoulders upon rotation. In addition to this, the exam documented that the Spurling's test was negative. There was good strength and intact sensation in the left upper extremity and neck. Treatment has included medications, surgery, steroid injections and physical therapy. The provider has requested electromyography/nerve conduction velocities of the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of the Bilateral Upper Extremities:** Upheld

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

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

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Neck and Upper Back. The Expert Reviewer's decision rationale: There is no documentation provided necessitating bilateral EMG/NCV testing of the upper extremities. Per the medical documentation, the claimant's clinical findings of upper extremity numbness involve only the right elbow and right hand. There are no clinical signs of carpal tunnel syndrome. EMG and nerve conduction studies are an extension of the physical examination and can be useful in aiding with the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, "EMG studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary." There is no specific indication for bilateral EMG/NCV testing of the upper extremities. Medical necessity for the requested service has not been established. The requested service is considered not medically necessary.

**Nerve Conduction Velocity of the Bilateral Upper Extremities:** Upheld

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

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

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Neck and Upper Back. The Expert Reviewer's decision rationale: There is no documentation provided necessitating bilateral EMG/NCV testing of the upper extremities. Per the medical documentation, the claimant's clinical findings of upper extremity numbness involve only the right elbow and right hand. There are no clinical signs of carpal tunnel syndrome. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, "EMG studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary." There is no specific indication for bilateral EMG/NCV testing of the upper extremities. Medical necessity for the requested service has not been established. The requested service is considered not medically necessary.