

<b>Case Number:</b>	CM14-0108034		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/15/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 67 year old female who was injured on 7/15/2006. She was diagnosed with lumbago, shoulder pain, right knee degenerative joint disease, and insomnia. She was treated with oral and topical medications, exercises, and surgery (right rotator cuff, lumbar decompression and fusion). On 6/3/14, she was seen by her primary treating physician complaining of her usual right shoulder pain, lower back pain, and leg pain. Upon reviewing the findings of her physical examination that day, it is noted that the worker had some awkward pain and tingling in her triceps region on the right side. No neurological examination was documented as being performed on her upper extremities at that time. She was then ordered to get an EMG/NCS testing on her left and right upper extremities to rule out if there are any neurological components to the right extremity numbness and tingling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that for most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV (NCS) tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, the treating physician failed to perform (or at least document) a complete physical examination to assess the new arm symptoms. No neurological tests can be justified without at least attempting to make a diagnosis with physical findings. Therefore, the request is not medically necessary.

**EMG LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that for most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV (NCS) tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, the treating physician failed to perform (or at least document) a complete physical examination to assess the new arm symptoms. No neurological tests can be justified without at least attempting to make a diagnosis with physical findings. Therefore, the request is not medically necessary.

**NCS RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that for most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV (NCS) tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, the treating physician failed to perform (or at least document) a complete physical examination to assess the new arm symptoms. No neurological tests can be justified without at least attempting to make a diagnosis with physical findings. Therefore, the request is not medically necessary.

**NCS LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that for most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV (NCS) tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, the treating physician failed to perform (or at least document) a complete physical examination to assess the new arm symptoms. No neurological tests can be justified without at least attempting to make a diagnosis with physical findings. Therefore, the request is not medically necessary.