

<b>Case Number:</b>	CM14-0109399		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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 injured worker is a 50-year-old male who reported an injury on 07/20/2012. The mechanism of injury was reported when the injured worker hit his shoulder on a steel tank. The diagnoses included shoulder contusion, elbow contusion, and shoulder osteoarthritis. The previous treatments included medications, physical therapy. The diagnostic testing included x-rays and an MRI. Within the clinical note dated 06/10/2014, it was reported the injured worker complained of right shoulder pain rated 8/10 in severity. He complained of left shoulder pain rated 8/10 in severity. The injured worker complained of left elbow pain rated 8/10 in severity. He complained of right elbow pain rated 7/10 in severity. Upon physical examination, the provider noted the injured worker had tenderness to palpation of the right and left shoulder. The provider indicated the range of motion of the right and left shoulder was decreased. The provider indicated the injured worker's right and left shoulder strength was decreased. The provider requested a right and left EMG/NCV. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 08/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction study (NCS) to the 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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Nerve Conduction Study

**Decision rationale:** The California MTUS Guidelines note nerve conduction studies, including H-reflex tests, may be helpful to identify subtle, focal neurological dysfunction in patients with neck or arm symptoms (or both) lasting more than 3 to 4 weeks. In addition, the Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by an EMG and obvious clinical signs, but are recommended if the EMG is not clearly radiculopathy or clearly negative. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The guidelines recommend the failure of conservative treatment. There is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is a lack of documentation indicating the injured worker had tried and failed on conservative therapy. Therefore, the request for a Nerve Conduction Study to the Left Upper Extremity is not medically necessary.

**Nerve conduction study (NCS) to the 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): 177-179.

**Decision rationale:** The California MTUS Guidelines note nerve conduction studies, including H-reflex tests, may be helpful to identify subtle, focal neurological dysfunction in patients with neck or arm symptoms (or both) lasting more than 3 to 4 weeks. In addition, the Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by an EMG and obvious clinical signs, but are recommended if the EMG is not clearly radiculopathy or clearly negative. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The guidelines recommend the failure of conservative treatment. There is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is a lack of documentation indicating the injured worker had tried and failed on conservative therapy. Therefore, the request for a Nerve Conduction Study of the Right Upper Extremity is not medically necessary.

**Electromyogram (EMG) to the 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): 177-179.

**Decision rationale:** The California MTUS/ACOEM Guidelines note for most patients presenting with true neck or upper back problems, special studies are not needed unless there is a 3 or 4 weeks period of conservative care and observation that fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Electromyography and nerve conduction velocity, including H-reflex tests, may be helpful to identify subtle, focal neurological dysfunction in patients with neck or arm symptoms (or both) lasting more than 3 to 4 weeks. There is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is a lack of clinical documentation indicating the injured worker had tried and failed on conservative therapy. Therefore, the request for an Electromyogram of the Left Upper Extremity is not medically necessary.

**Electromyogram (EMG) to the 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): 177-179.

**Decision rationale:** The California MTUS/ACOEM Guidelines note for most patients presenting with true neck or upper back problems, special studies are not needed unless there is a 3 or 4 weeks period of conservative care and observation that fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Electromyography and nerve conduction velocity, including H-reflex tests, may be helpful to identify subtle, focal neurological dysfunction in patients with neck or arm symptoms (or both) lasting more than 3 to 4 weeks. There is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is a lack of clinical documentation indicating the injured worker had tried and failed on conservative therapy. Therefore, the request for an EMG of the Right Upper Extremity is not medically necessary.