

<b>Case Number:</b>	CM14-0016028		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 female who was reportedly injured on 5/11/2011. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 5/29/2014, indicates that there were ongoing complaints of neck and shoulder pains. The physical examination demonstrated that cervical spine rotation caused an onset of pain on the right side of the neck up into her head. Upper extremities revealed normal examination. Diagnostic imaging studies mentioned a magnetic resonance image from 4/18/2012, which revealed degenerative changes and disc protrusions at several levels, and mild narrowing of the right neural foramina and anterior aspect of the spinal canal. Previous treatment included medications, physical therapy and other conservative measures. A request had been made for electromyogram (EMG) of the left upper extremity and was not certified in the pre-authorization process on 1/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF 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): 178.

**Decision rationale:** Electromyography (EMG) and nerve conduction velocities (NCV) are supported to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. After reviewing the medical documentation provided, there were no objective clinical findings on physical exam to necessitate the requested diagnostic study. Therefore, this request is deemed not medically necessary.