

<b>Case Number:</b>	CM14-0115629		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/18/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 records presented for review indicate that this 36-year-old female was reportedly injured on December 18, 2010. The mechanism of injury is noted as being hit with a pot on the back of the head and neck. The most recent progress note, dated June 20, 2014 indicates that there are ongoing complaints of neck pain radiating to the right shoulder as well as numbness and tingling in the right hand. The physical examination demonstrated tenderness of the cervical spine and a positive compression and decompression cervical spine test. Diagnostic imaging studies of the right shoulder indicated tendinosis of the long head of the biceps tendon and an altered signal in the substance of the clinic labrum suggestive of tearing. Postoperative changes were also noted at the superior labrum as well as evidence of a prior subacromial decompression. An MRI of the cervical spine revealed small disc osteophyte complexes at C4 - C5, C5 - C6 and C6 - C7. Prior nerve conduction studies of the bilateral upper extremities dated May 23, 2011 were normal. Previous treatment is unknown. A request had been made for electromyography and nerve conduction studies of the right upper extremity and was not certified in the pre-authorization process on July 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography and Nerve Conduction Velocity Studies of the Right Upper Extremity:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. According to the progress note dated June 20, 2014, there are no abnormal neurological findings of the upper extremities. Additionally the MRI the cervical spine does not show any potential neurological impairment. Furthermore a prior nerve conduction study from 2011 was stated to be normal. For these multiple reasons this request for electromyography any nerve conduction study of the right upper extremity is not medically necessary.