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| <b>Case Number:</b>   | CM14-0116836 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 05/17/2006 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 07/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/17/2014 |

### 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 Practice, has a subspecialty in 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 72 yr. old female claimant sustained a work injury on 5/17/06 involving the neck and right shoulder. She was diagnosed with chronic neck pain and right shoulder impingement with rotator cuff tear. A progress note on 7/8/14 indicated the claimant had difficulty holding things in her hands without dropping them. Exam findings included paraspinal tenderness, reduced range of motion of the neck and weakness in the right hand. She had a 0 grip strength in the right hand compared to 12 on the left. The treating physician requested an EMG to evaluate the diffuse weakness. The weakness was more pronounced at this visit than prior visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Worker's Compensation, Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272.

**Decision rationale:** According to the ACOEM guidelines, an EMG is not recommended in diagnostic evaluation of nerve entrapment or screening in patients without symptoms. It is

indicated if no improvement has occurred in 4-6 weeks. The claimant had worsening grip and upper extremity strength over a few months. Based on the guidelines, an EMG of the upper extremity is medically necessary.