

<b>Case Number:</b>	CM14-0119659		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 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 patient is a 43 year-old woman who was injured at work on 2/11/2014. The injury was primarily to her shoulder and back. She is requesting review of denial for an EMG and a NCV for the right upper extremity. Medical records corroborate ongoing care for these injuries. The Primary Treating Physician's Progress Reports (PR-2s) are included and describe the following diagnoses: Sprain/Strain - Shoulder/Right; Sprain/Strain - Lumbar. Imaging studies have included an MRI of the shoulder that found no evidence of a rotator cuff injury and demonstrated degenerative changes. Treatment has included: analgesic medications, physical therapy, acupuncture, and activity modification. Specific to the need for EMG/NCV studies the medical record of 4/8/2014 states: "The patient states there is no numbness or tingling." Further, "there is no weakness of the shoulder."

### 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:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178.

**Decision rationale:** The MTUS/ACOEM Guidelines Chapter 9 Page 178 address the use of neurodiagnostic testing for patients with suspected neuropathy as a component of their ongoing symptoms. These guidelines state that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities(NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks."The medical records available for review do not contain information to support a suspected neuropathy. There is insufficient documentation to support the presence of a neuropathy causing the patient's shoulder and arm pain. The Primary Treating Physician's Reports do not include objective findings on examination that suggests neuropathic pain. Specifically, there is no evidence of a detailed neurologic examination, e.g. deep tendon reflexes, sensory, and motor examination. As noted above in the case summary, documentation indicates that "the patient states there is no numbness or tingling." Further, "there is no weakness of the shoulder."In summary, there is insufficient documentation in support of diagnostic testing with EMGs in this patient as there is no evidence to suggest neuropathy as a component of this patient's problem. Therefore, this request is not medically necessary.

**NCS- Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178.

**Decision rationale:** The MTUS/ACOEM Guidelines Chapter 9 Page 178 address the use of neurodiagnostic testing for patients with suspected neuropathy as a component of their ongoing symptoms. These guidelines state that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks."The medical records available for review do not contain information to support a suspected neuropathy. There is insufficient documentation to support the presence of a neuropathy causing the patient's shoulder and arm pain. The Primary Treating Physician's Reports do not include objective findings on examination that suggests neuropathic pain. Specifically, there is no evidence of a detailed neurologic examination, e.g. deep tendon reflexes, sensory, and motor examination. As noted above in the case summary, documentation indicates that "the patient states there is no numbness or tingling." Further, "there is no weakness of the shoulder."In summary, there is insufficient documentation in support of diagnostic testing with NCVs in this patient as there is no evidence to suggest neuropathy as a component of this patient's problem. This request is not medically necessary.

