

<b>Case Number:</b>	CM14-0151421		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Medicine and is licensed to practice in North Carolina. 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 62 year-old with a reported date of injury of 04/21/2014. The patient has the diagnoses of right shoulder pain and neck sprain. Previous treatment modalities have included acupuncture and physical therapy. Per the most recent progress notes provided for review by the primary treating physician dated 08/17/2014, the patient had complaints of improved right shoulder pain but continued right neck stiffness. The physical exam noted mild reduced neck range of motion with tenderness in the right trapezius. The neurologic exam was reported normal and a Spurlings test was negative. The treatment plan recommendations included a request for right upper extremity EMG/NCV, continued acupuncture and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The patient has the diagnosis of right shoulder pain and neck strain. The physical exam is listed as normal with no deficits noted. There is no evidence of subtle neurologic dysfunction in the physical exam or any evidence of nerve compromise in the progress notes provided for review. For these reasons the criteria listed in the guidelines for ordering special diagnostic studies have not been met per the ACOEM. Therefore the request is not medically necessary.

**NCS of right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The patient has the diagnosis of right shoulder pain and neck strain. The physical exam is listed as normal with no deficits noted. There is no evidence of subtle neurologic dysfunction in the physical exam or any evidence of nerve compromise in the progress notes provided for review. For these reasons the criteria listed above for ordering special diagnostic studies have not been met per the ACOEM. Therefore the request is not medically necessary.