

<b>Case Number:</b>	CM14-0158349		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Louisiana. 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 51 year old female who was injured on 05/11/2011 when she slipped and fell injuring her right ankle. Prior treatment history has included steroid injection in her right knee, physical therapy. The patient underwent right knee arthroscopy. Office visit dated 08/08/2014 documented the patient to have complaints of left shoulder pain that increases with regular activities. On exam, she had severe left shoulder pain that is worse with activity. There were no other significant findings documented. The patient was recommended for an EMG/NCV study to rule out carpal tunnel syndrome due to crutch use. Prior utilization review dated 09/03/2014 states the request for EMG (Electromyography) study of the right upper extremity; EMG (Electromyography) study of the left upper extremity; NCV (Nerve Conduction Velocity) study of the of the right upper extremity; NCV (Nerve Conduction Velocity) study of the left upper extremity; MRI (Magnetic Resonance Imaging) of the left shoulder and Spine consult is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) study of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Electromyography (EMG)

**Decision rationale:** According to the Guidelines, Electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with symptoms lasting more than three to four weeks. Guidelines also states it may be used to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but are not necessary if radiculopathy is already clinically obvious. There is no documented evidence of neurological deficits specific to motor weakness and sensory alteration to support the necessity of an EMG therefore, this request is not medically necessary.

**EMG (Electromyography) study of the left upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Electromyography (EMG)

**Decision rationale:** According to the guidelines, Electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with symptoms lasting more than three to four weeks. Guidelines also states it may be used to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but are not necessary if radiculopathy is already clinically obvious. There is no documented evidence of neurological deficits specific to motor weakness and sensory alteration to support the necessity of an EMG therefore, this request is not medically necessary.

**NCV (Nerve Conduction Velocity) study of the of the right upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Nerve conduction studies (NCS)

**Decision rationale:** CA MTUS/ACOEM guidelines do not specifically discuss the request. According to the Official Disability Guidelines, Nerve Conduction Studies are not recommended when patients presumed to have symptoms on the basis of radiculopathy. In this case, there is no supporting documentation that a thorough examination was performed to indicate the presence of radiculopathy to support the necessity of a NCS therefore, this request is not medically necessary.

**NCV (Nerve Conduction Velocity) study of the left upper extremity:** Upheld

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

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

**Decision rationale:** CA MTUS/ACOEM guidelines do not specifically discuss the request. According to the Official Disability Guidelines, Nerve Conduction Studies are not recommended when patients presumed to have symptoms on the basis of radiculopathy. In this case, there is no supporting documentation that a thorough examination was performed to indicate the presence of radiculopathy to support the necessity of a NCS therefore, this request is not medically necessary.

**MRI (Magnetic Resonance Imaging) of the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Indications for Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**Decision rationale:** The CA MTUS/ACOEM guidelines indicate that for patients with limitations of activity after weeks and unexplained physical findings, such as effusion, neurologic deficits, or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. There are no documentation of red flag indications of provocative signs or positive instability that would justify the request for imaging study. Based on the lack of supporting documentation, this request is not medically necessary at this time.

**Spine consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations & Consultation, page(s) 503

**Decision rationale:** According to the CA MTUS/ACOEM guidelines, the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is encouraged to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the

examinee's fitness to return to work. In this case, the supporting documentation indicates persistence pain and symptoms; however, there is limited evidence of current physical examination findings and specific functional deficits that correlate to the findings to support the necessity of this consultation. Therefore, this request is not medically necessary.