

<b>Case Number:</b>	CM14-0169654		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	04/11/2006
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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, has a subspecialty in Pain Management 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 48-year-old male injury date 04/11/06. Based on 08/28/14 progress report provided by [REDACTED] the patient complains of left shoulder pain rated 5/10. Physical examination to the left shoulder revealed diffuse tenderness and limited range of motion. Medications include Lyrica and Cymbalta. The provider requests EMG/NCV to rule out traumatic upper extremity compression neuropathy as a result of chronic use of cane. Diagnosis 08/28/14- status post remote lumbar decompression- protrusion 5mm L3-4 with radiculopathy, refractory- left shoulder pain, rule out rotator cuff pathology- disproportionate neurologic findings upper extremities, objectify- reactive depression/anxiety- pain management issues [REDACTED] is requesting bilateral upper extremity EMG/NCV. The utilization review determination being challenged is dated 09/29/14. The rationale is "records do not establish objective evidence of a neurological deficit in the upper extremities..." [REDACTED] is still requesting provider and he provided frequent reports from 08/28/14 - 10/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral upper extremity EMG/NCV:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178 and 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with left shoulder pain rated 5/10. The request is for bilateral upper extremity EMG/NCV. His diagnosis dated 08/28/14 includes left shoulder pain, rule out rotator cuff pathology and disproportionate neurologic findings upper extremities. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 08/28/14, the provider requests bilateral EMG/NCV to rule out traumatic upper extremity compression neuropathy as a result of chronic use of cane. There is no evidence that this patient has had prior EMG/NCV studies done. Given the patient's upper extremity symptoms and ACOEM discussion, EMG/NCV studies would appear medically reasonable. Recommendation is medically necessary.