

<b>Case Number:</b>	CM14-0176119		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Occupational 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:

This patient is a 66 year old female with an injury date of 7/18/13. Work status: Remain off work 10/6 - 11/5. Based on the 10/06/14 progress report by [REDACTED] this patient complains of (location/pain level without meds/with medications/description):-L/S - 2/10 - 0/10 - decreased pain with numbness/tingling to the right lower extremity-R shoulder - 1/10 - 0/10 - decreased pain after CCS inj x 1-B knee - 2/10 - 0/10 - (illegible handwriting)-B feet/ankles - 1/10 - 0/10 - decreased pain with (illegible handwriting)-B heels - 1/10 - 0/10 - decreased pain with (illegible handwriting)Objective findings of the lumbar spine show tenderness to palpation to bilateral (illegible). Exam of the right shoulder is positive for impingement (illegible). The remainder of the handwritten notes is illegible. Per the 8/28/14, the diagnoses are:1. Right shoulder full thickness tear and impingement.2. Lumbar spondylosis and discogenic disease.The utilization review being challenged is dated 10/08/14. The request was non-certified as "limited progress notes do not establish" signs of a compressive neuropathy, as outlined in ACOEM guidelines. The request is for EMG/NCV of the right upper extremity as an outpatient. The requesting provider is [REDACTED] and he has provided various reports from 5/05/14 to 10/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the right upper extremity as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 16 Eye Chapter Page(s): 260-262.

**Decision rationale:** This patient presents with an average of "1-2/10 pain" in the lumbar spine, right shoulder, bilateral knees/feet/ankles/heels that resolves to "0/10 with medication." The physician requests EMG/NCV of the right upper extremity as an outpatient. ACOEM guidelines say, "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." This patient had EMG/NCV studies of the bilateral lower extremities on 8/26/13 (results were not provided), however, a review of submitted records do not indicate an EMG/NCV was conducted for the upper extremities. Referenced in the 6/10/14 AME supplemental was a deposition of this patient from 10/21/13 on page 29, which stated: "She had noted the right shoulder pain about two years prior..." Her pain "was the same as it was two years ago." Furthermore, this patient reported, "decreased pain" after the right shoulder injection "about one year prior." There are no new injuries documented, no new neurologic findings and no recent surgery(ies) to warrant the studies. Also, the physician does not explain why the studies are a medical necessity, given the right shoulder pain; on average is "1/10 without medications" and "0/10 with medication." This request is not medically necessary.