

<b>Case Number:</b>	CM14-0024512		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

3/12/14 PR-2 notes the insured has neck and left arm pain. The pain is in the trapezial and posterior aspect of the shoulder upper arm with occasional tingling sensation. The tingling resolved with therapy but the pain. There are no physical exam findings documented on that date. 5/14/13 progress note indicated pain with numbness. Physical examination reported symmetric normal reflexes in the biceps, brachioradialis and triceps. Strength was symmetric in the hands for grip. 4/19/13 evaluation reports pain in the left shoulder that increases with motion. The diagnosis of left shoulder sprain/strain was given. Physical examination noted tenderness to palpation over the supraspinatus muscle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL UPPER EXTREMITY ELECTROMYOGRAM (EMG) TESTING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back.

**Decision rationale:** The medical records do not document any objective neurologic abnormal findings for physical examination. The notes indicate the neurologic symptoms of tingling resolved with therapy. In the absence of neurologic focal findings and continued symptoms, EMG of the bilateral upper extremities is not supported under ODG guidelines.

**BILATERAL UPPER EXTREMITY NERVE CONDUCTION VELOCITY (NCV)**

**TESTING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back.

**Decision rationale:** The medical records do not document any objective neurologic abnormal findings for physical examination. The notes indicate the neurologic symptoms of tingling resolved with therapy. In the absence of neurologic focal findings and continued symptoms, NCV of the bilateral upper extremities is not supported under ODG guidelines.