

<b>Case Number:</b>	CM14-0052420		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a woman with a date of injury of 9/30/13. She was seen by her primary treating physician on 2/12/14 with complaints of neck, right shoulder, right elbow, right hand/wrist and right knee pain. She had muscle spasm present on cervical spine with restricted range of motion and tenderness to palpation of the paraspinal musculature. She had tenderness and weakness with flexion, abduction and external rotation of the right shoulder. Impingement tests were positive on the right. Her wrist range of motion was normal bilaterally. Neurologic exam showed 4/5 strength in the right shoulder muscles and all reflexes were brisk with no asymmetry. Her diagnoses included cervical spine strain, rule out radiculopathy, right shoulder impingement, rule out rotator cuff tear and right elbow contusion, right wrist sprain and right knee contusion - rule out internal derangement. Authorization was requested for EMG/NCS of the upper extremities. At issue in this review is EMG/NCS (Electromyography / Nerve Conduction Study) of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS (Nerve Conduction Studies) Left Upper Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- For Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. This injured worker has all right sided symptoms and a normal left upper extremity exam. There are no red flags on physical exam of the left upper extremity to warrant further imaging, testing or referrals. Therefore, the request for NCS (Nerve Conduction Studies) Left Upper Extremity is not medically necessary and appropriate.

**Electromyography (EMG) Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. This injured worker has all right sided symptoms and a normal left upper extremity exam. There are no red flags on physical exam of the left upper extremity to warrant further imaging, testing or referrals. Therefore, the request for EMG (Electromyography) Left Upper Extremity is not medically necessary and appropriate.