

<b>Case Number:</b>	CM14-0056225		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 & Rehabilitation, 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 sustained an injury on 4/27/13 while employed by [REDACTED]. Request under consideration include Nerve Conduction Studies (NCS) Left Upper Extremity and Electromyogram (EMG) Left Upper Extremity. Report of 4/3/14 from the provider noted the patient with less shoulder pain and greater elevation; cervical spine base pain remains unchanged with numbness and tingling involving the 4th and 5th digits occurring once a week. Exam showed good range in shoulder and hand; pain at neck base; Phalen's negative; sensation was intact in all digits bilaterally; elbow flexion negative with intact pin prick; cervical spine with normal range of motion without restrictions; negative cervical compression testing without evidence of radiation. Diagnoses included SLAP lesion of right shoulder s/p subacromial decompression of right shoulder with SLAP repair on 1/9/14; minor ligamentous injury of right elbow; rule out early CTS; probable cubital tunnel syndrome and rule out cervical radiculitis. X-rays of cervical spine dated 4/3/14 showed no evidence of osteoarthritic change, disc space narrowing or foraminal impingement; Right wrist films showed no evidence of osteoarthritis, soft-tissue calcification, carpal disassociation or abnormal ossification; multiple views of right elbow showed no evidence of joint space narrowing, soft-tissue calcification or irregular articular interfaces. Conservative care has included PT (12 sessions), TENS, meds, cortisone injections, and modified activities/rest. The request for Nerve Conduction Studies (NCS) Left Upper Extremity and Electromyogram (EMG) Left Upper Extremity were non-certified on 4/17/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Special Studies and Diagnostic and Treatment Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow (updated 02/14/14) and Neck & Upper Back (updated 04/14/14); AHRQ, 2002; Lo, 2005; Robertson, 2005; Descatha, 2004; Cutts, 2007; Utah, 2006; Lin, 2013; Emad, 2010, Plastaras, 2011; Lo, 2011; Fuglsang-Frederiksen, 2011.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** This patient sustained an injury on 4/27/13 while employed by [REDACTED]. Request under consideration include Nerve Conduction Studies (NCS) Left Upper Extremity and Electromyogram (EMG) Left Upper Extremity. Report of 4/3/14 from the provider noted the patient with less shoulder pain and greater elevation; cervical spine base pain remains unchanged with numbness and tingling involving the 4th and 5th digits occurring once a week. Exam showed good range in shoulder and hand; pain at neck base; Phalen's negative; sensation was intact in all digits bilaterally; elbow flexion negative with intact pin prick; cervical spine with normal range of motion without restrictions; negative cervical compression testing without evidence of radiation. Diagnoses included SLAP lesion of right shoulder s/p subacromial decompression of right shoulder with SLAP repair on 1/9/14; minor ligamentous injury of right elbow; rule out early CTS; probable cubital tunnel syndrome and rule out cervical radiculitis. X-rays of cervical spine dated 4/3/14 showed no evidence of osteoarthritic change, disc space narrowing or foraminal impingement; Right wrist films showed no evidence of osteoarthritis, soft-tissue calcification, carpal disassociation or abnormal ossification; multiple views of right elbow showed no evidence of joint space narrowing, soft-tissue calcification or irregular articular interfaces. Conservative care has included PT (12 sessions), TENS, meds, cortisone injections, and modified activities/rest. The request for Nerve Conduction Studies (NCS) Left Upper Extremity was non-certified on 4/17/14. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for NCS has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain without specific consistent myotomal or dermatomal correlation on clinical exam to support for electrodiagnostic for a patient s/p shoulder surgery without any report of new injury, acute flare-up, or red-flag conditions. The Nerve Conduction Studies (NCS) Left Upper Extremity is not medically necessary.

## **Electromyogram (EMG) Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Special Studies and Diagnostic and Treatment Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow (updated 02/14/14) and Neck & Upper Back (updated 04/14/14); AHRQ, 2002; Lo, 2005;

Robertson, 2005; Descatha, 2004; Cutts, 2007; Utah, 2006; Lin, 2013; Emad, 2010, Plastaras, 2011; Lo, 2011; Fuglsang-Frederiksen, 2011.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** This patient sustained an injury on 4/27/13 while employed by [REDACTED]. Request under consideration include Nerve Conduction Studies (NCS) Left Upper Extremity and Electromyogram (EMG) Left Upper Extremity. Report of 4/3/14 from the provider noted the patient with less shoulder pain and greater elevation; cervical spine base pain remains unchanged with numbness and tingling involving the 4th and 5th digits occurring once a week. Exam showed good range in shoulder and hand; pain at neck base; Phalen's negative; sensation was intact in all digits bilaterally; elbow flexion negative with intact pin prick; cervical spine with normal range of motion without restrictions; negative cervical compression testing without evidence of radiation. Diagnoses included SLAP lesion of right shoulder s/p subacromial decompression of right shoulder with SLAP repair on 1/9/14; minor ligamentous injury of right elbow; rule out early CTS; probable cubital tunnel syndrome and rule out cervical radiculitis. X-rays of cervical spine dated 4/3/14 showed no evidence of osteoarthritic change, disc space narrowing or foraminal impingement; Right wrist films showed no evidence of osteoarthritis, soft-tissue calcification, carpal disassociation or abnormal ossification; multiple views of right elbow showed no evidence of joint space narrowing, soft-tissue calcification or irregular articular interfaces. Conservative care has included PT (12 sessions), TENS, meds, cortisone injections, and modified activities/rest. The request for Nerve Conduction Studies (NCS) Left Upper Extremity was non-certified on 4/17/14. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain without specific consistent myotomal or dermatomal correlation on clinical exam to support for electrodiagnostic for a patient s/p shoulder surgery without any report of new injury, acute flare-up, or red-flag conditions. The Electromyogram (EMG) Left Upper Extremity is not medically necessary.