

<b>Case Number:</b>	CM13-0066673		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Rehab, has a subspecialty in Interventional spine 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 29-year-old male with an injury date of 02/06/2013. Based on the 09/23/2013 progress report, the patient complains of persistent shoulder pain. He has tenderness with multiple trigger points over the left trapezius as well as the rhomboid, major and minor. There is some left-sided paracervical tenderness as well as a questionably positive Spurling's sign. Cervical active range of motion is moderately limited. There is diffuse tenderness in the dorsal radial margin of the left hand. There is mild dysesthesias directly over the area of prior trauma. The 10/11/2013 report indicates that the patient has severe pain on the shoulders. He has cervical tenderness and crepitus. He continues to have spasm. No further exam findings were provided on this report. The 10/21/2013 report indicates that the patient has neck and shoulder pain. He has mood swings with feelings of depression. No new positive exam findings were provided. The 05/21/2013 MRI of the thoracic spine revealed that the patient has disk desiccation at T1-T2 down to T7-T8 and at T10-T11 with associated loss of disk height. The 05/21/2013 MRI of the cervical spine revealed that the patient had the following: 1. Disk desiccation at C2-C3, C3-C4, and at C6-C7.2. Bilateral maxillary sinus disease. The patient's diagnoses include the following: 1. History of blunt force injury involving the left shoulder and hand.2. Post -injury left shoulder tendinopathy with cervical brachial pain.3. Post-injury left hand extensor tenosynovitis.4. Post-injury depression secondary to chronic pain. The utilization review determination being challenged is dated 11/20/2013. Treatment reports were provided from 05/01/2013 - 10/21/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV OF THE LEFT UPPER EXTREMITIES:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Electromyography (EMG) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS)

**Decision rationale:** According to the 10/21/2013 report, the patient presents with neck pain, shoulder pain, and left dorsal hand pain. The request is for EMG/NCV OF THE LEFT UPPER EXTREMITIES. There were no prior EMG's or NCV's provided, nor is there any discussion regarding this request. ACOEM guidelines page 206 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) maybe helpful. NCS and EMG may confirm the diagnosis of CTS that may be normal in early or mild cases of CTS. If the EDS are negative, tests maybe repeated later and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS and carpal tunnel syndrome, (recommended in patients with clinical signs of CTS who may be candidates for surgery). Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, there is no prior EMG/NCV testing done on the patient's upper extremities. There is no discussion provided as to what the patient needs this EMG/NCV study for. The patient has been complaining about his neck and shoulder pain as early as the 05/01/2013 report. The 05/21/2013 MRI of the cervical spine revealed that the patient has disk desiccation at C2-C3, C3-C4, and at C6-C7 as well as bilateral maxillary sinus disease. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. With the patient's chronic symptoms, the requested EMG/NCV of the left upper extremity IS medically necessary.

**EMG/NCV OF THE RIGHT UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Electromyography (EMG) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS)

**Decision rationale:** According to the 10/21/2013 report, the patient presents with neck pain, shoulder pain, and left dorsal hand pain. The request is for EMG/NCV OF THE RIGHT UPPER EXTREMITIES. There were no prior EMG's or NCV's provided, nor is there any discussion

regarding this request. ACOEM guidelines page 206 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) maybe helpful. NCS and EMG may confirm the diagnosis of CTS that may be normal in early or mild cases of CTS. If the EDS are negative, tests maybe repeated later and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS and carpal tunnel syndrome, (recommended in patients with clinical signs of CTS who may be candidates for surgery). Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, there is no prior EMG/NCV testing done on the patient's upper extremities. There is no discussion provided as to what the patient needs this EMG/NCV study for. The patient has been complaining about his neck and shoulder pain as early as the 05/01/2013 report. The 05/21/2013 MRI of the cervical spine revealed that the patient has disk desiccation at C2-C3, C3-C4, and at C6-C7 as well as bilateral maxillary sinus disease. However, the patient does not have symptoms down the arm on the right side, only the left. Therefore, the requested EMG/NCV of the left upper extremity IS NOT medically necessary.