

<b>Case Number:</b>	CM14-0019285		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 43 year old female with a date of injury as 12/19/2013. The current diagnoses include sprain/strain-rotator cuff capsule right, sprain/strain-thoracic, sprain/strain-cervical, sprain/strain-lumbar, and sprain/strain-sacrum. Previous treatments include medications, trigger point injection, and physical therapy. Primary treating physician's reports dated 12/31/2013 through 01/20/2014, first report of occupational illness or injury dated 12/26/2013, and physical therapy initial evaluation dated 01/02/2014 were included in the documentation submitted for review. Report dated 01/10/2014 noted that the injured worker presented with complaints that included 10 out of 10 pain in the right shoulder and upper and low back, and neck pain. The injured worker had no complaints of pain radiating. Physical examination revealed positive nerve root compression test, tenderness of the right sterno-clavicular and acromio-clavicular joint, drop arm sign was positive, restricted range of motion in the right shoulder, tenderness in the thoracolumbar spine and paravertebral musculature, impingement testing was positive on the right, and weakness of the upper extremities. Physical therapy note from 01/02/2014 indicates that the injured worker had tingling in the arm and up to the elbow. Compression test was negative, but empty can and drop arm tests were positive. The documentation indicates that the injured worker received approval for 6 physical therapy visits, but only documentation was submitted for one visit. It is unknown whether all visits were completed. The injured worker is on modified work restrictions. The utilization review performed on 01/17/2014 non-certified a prescription for nerve conduction velocity of the right upper extremity and electromyography of the the right upper extremity based on the medical

records provided the injured worker did not have complaints of pain in the arms, numbness or tingling in the arms and any weakness of the upper extremities. Also, there was no documented trials of conservative treatment for one month. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **NCV Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 12/16/13)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, NCV/EMG

**Decision rationale:** Pursuant to the Official Disability Guidelines, NCV right upper extremity is not medically necessary. NCV is not recommended to demonstrate radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses are likely based on the clinical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker's working diagnoses or sprain/strain right rotator cuff capsule; strain/sprain cervical; sprain/strain thoracic; and strain/sprain lumbar. The injured worker has complaints of right shoulder pain and neck pain. The injured worker denies any pain in the arms, numbness or tingling. Physical examination reflects no tenderness at the AC joint. There is tenderness over the right rotator cuff with restricted range of motion. Sensation is intact. There is no weakness in the upper extremities. There is no mention in the documentation of an EMG or NCV. There is no clinical rationale for a nerve conduction velocity study or an electromyographic or he consequently, absent clinical documentation to support the performance of an NCV and EMG, NCV right upper extremity is not medically necessary.

#### **EMG Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 12/16/13)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, NCV/EMG

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG right upper extremity is not medically necessary. NCV is not recommended to demonstrate radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if EMG is not

clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses are likely based on the clinical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm brachial plexus abnormality or some problem other than a cervical radiculopathy. In this case, the injured worker's working diagnoses or sprain/strain right rotator cuff capsule; strain/sprain cervical; sprain/strain thoracic; and strain/sprain lumbar. The injured worker has complaints of right shoulder pain and neck pain. The injured worker denies any pain in the arms, numbness or tingling. Physical examination reflects no tenderness at the AC joint. There is tenderness over the right rotator cuff with restricted range of motion. Sensation is intact. There is no weakness in the upper extremities. There is no mention in the documentation of an EMG or NCV. There is no clinical rationale for a nerve conduction velocity study or an electromyogram. Consequently, absent clinical documentation to support the performance of an NCV and EMG, and EMG right upper extremity is not medically necessary.