

<b>Case Number:</b>	CM14-0189989		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	08/01/2002
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Internal Medicine 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 injured worker (IW) is a 58-year-old man with a date of injury of August 1, 2002. The mechanism of injury occurred when a stack of plastic storage boxes fell on him. The IW is status post C4-C6 decompression fusion July 24, 2003; left shoulder arthroscopy and labral repair in 2008; shoulder replacement September 29, 2010; and cervical rhizotomy 2009. Prior treatments have included medications, physical therapy, and surgeries. The injured worker's working diagnoses are impingement syndrome of the shoulder on the right, status post two interventions, first on consistent with decompression and labral repair and second one consistent with rotator cuff repair; discogenic cervical condition status post fusion from C4 to C6; and shoulder joint inflammation of the left status post total shoulder replacement. Pursuant to the progress note dated October 1, 2014, the IW complains of neck and bilateral shoulder pain. He cannot lift more than 5 to 7 pounds. He has difficulty with prolonged overhead work. He has spasms. He still has radiation of pain to his head. The IW has been authorized for an MRI of the cervical spine as well as the brain, which have not been completed. Objective findings reveal mild tenderness along the rotator cuff. Weakness to resisted function is noted. Tenderness along the cervical facet is noted. Neck flexion is 25 degrees and extension is 20 degrees. Abduction on the left is 85 degrees and on the right is 150 degrees. The IW is taking Flexeril 10mg, Naproxen 550mg, and Norco 10mg. The treating physician documented that nerve studies of the upper extremities might be needed at this time. The current request is for EMG/NCV of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **EMG/NCV Bilateral Upper Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, EMG/NCV

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/nerve conduction velocity studies of the upper extremities are not medically necessary. Nerve conduction velocity studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathic processes. In this case, the injured worker's working diagnoses are impingement syndrome right shoulder; discogenic cervical condition status post fusion from C4 through C6; and shoulder joint inflammation on the left status post total shoulder replacement. The injured worker is 58 years old with a date of injury August 1, 2002. The injured worker was authorized to have an MRI of the brain and cervical spine. These diagnostic tests have not been performed to date. There is no indication for additional diagnostic workup until the MRI of the brain and cervical spine are performed, completed and resulted. Consequently EMG/nerve conduction velocity is not clinically indicated at this time. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, EMG/NCV bilateral upper extremities are not medically necessary.