

<b>Case Number:</b>	CM14-0194522		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 5/28/14 note reports pain for 2 weeks with pain in the left shoulders. Diagnosis is HTN, gastropathy, and h/o gastric bleeding. 5/29/14 note indicates pain in the neck and shoulders. The insured underwent superior labrum repair and reattachment. Pain is in the neck and radiating to both arms. Exam notes reduced range of motion with weakness of the left shoulder noted. 7/16/14 note reports pain in the shoulders. 7/30/14 note indicates pain in the neck. Sensory examination was normal. There was bilateral weakness of the deltoid rated 4/5. Reflexes are noted to be symmetric.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

**Decision rationale:** The medical records provided for review indicate reported strength changes consistent with radiculopathy. The medical records indicate no objective change in regard to muscle strength or sensation since that time, in support of repeat EMG of the upper extremities.

There is no indication of suspicion of double crush or metabolic pathology. ODG guidelines support Indications when particularly helpful: EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as Neuropathy secondary to Diabetes or Thyroid Disease, or evidence of peripheral compression such as Carpal Tunnel Syndrome. The medical records do not support EMG/NCV at this time. Therefore, the request for EMG/NCV for cervical spine is not medically necessary.