

<b>Case Number:</b>	CM14-0075766		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male, who sustained an industrial injury on January 11, 2013. He reported injury of the left shoulder. The injured worker was diagnosed as having rotator cuff syndrome. Treatment to date has included medications, physical therapy, ice applications, massage, and injections. The records indicate he received extracorporeal shockwave therapy to the left shoulder. On December 9, 2014, he was seen for continued right shoulder pain. Neurological symptoms were noted only on the right, with no neurological findings documented. On January 7, 2015, electrodiagnostic studies were completed for his complaint of right upper extremity, and elbow pain, which revealed right carpal tunnel syndrome, and mild left carpal tunnel syndrome. The treatment plan includes request for: electromyogram and nerve conduction studies of the right upper extremity, and electromyogram and nerve conduction studies of the left upper extremity. The plan also included request for physical therapy for the right shoulder. NCV of the right upper extremity was certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of the Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG -PAIN.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

**Decision rationale:** Regarding the request for EMG of right upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there were no neurological symptoms/findings suggestive of radiculopathy for which an EMG would be supported, and the NCV was certified on the right. In light of the above issues, the currently requested EMG of right upper extremity is not medically necessary.

**Electromyography of the Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG -PAIN.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 178, 182.

**Decision rationale:** Regarding the request for EMG of left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no recent subjective complaints or physical examination findings identifying subtle focal neurologic deficits in a radicular distribution. In the absence of such documentation, the currently requested EMG of left upper extremity is not medically necessary.

**Nerve Conduction Velocity of the Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

**Decision rationale:** Regarding the request for NCS of left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits for which the use of electrodiagnostic testing would be indicated on the left.

In the absence of such documentation, the currently requested NCS of left upper extremity is not medically necessary.