

<b>Case Number:</b>	CM15-0002879		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/14/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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:

This 51 year old man sustained an industrial injury on 5/14/2014 to his neck and right shoulder while building a patio cover in a paintball camp. Current diagnoses include right shoulder sprain, rule out right shoulder derrangement, cervical spine strain, and degenerative disc disease. Treatment has included oral medictrions, rest and activity modification. Physician notes dated 11/24/2014 show complaints of pain to his right shoulder and neck as well as difficulty sleeping. Recommendations include a heat unit, bilateral upper extremity EMG/NCV to rule out nerve entrapment, and pain management consultation, possible epidural steroid injection, and physical therapy. On 12/17/2014, Utilization Review evaluated prescriptions for bilateral upper extremity EMGs and NCV that were submitted on 12/22/2014. The UR physician noted that the complaints and physical exam did not show dermatomal or myotomal deficit in bilateral C5-T1 dermatomes. There are no parasthesia of the upper extremities. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Upper Extremity, NCV Right Upper Extremity, NCV Left Upper Extremity, EMG Right Upper Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, & Upper Back (EMG), (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

**Decision rationale:** Regarding the request for EMG/NCS of bilateral upper extremities, 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. In the absence of such documentation, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.