

<b>Case Number:</b>	CM15-0109283		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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

### 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 51 year old male, who sustained an industrial injury on 10/08/2013, secondary to a fall which he landed on his right shoulder. On provider visit dated 04/27/2015 the injured worker has reported right neck and arm symptoms. Numbness and pain to thumb, index and long finger of the right hand. On examination of the shoulders revealed normal contour, no evidence of swelling over the bilateral shoulder and no gross atrophy of the shoulder musculature was noted. Tenderness was noted over the anterolateral aspect of the right shoulder and positive impingement sign was noted. Mildly positive Tinel's sign over the right carpal tunnel area was noted. Negative compression test right carpal tunnel was noted as well. The diagnoses have included cervical strain, right shoulder AC joint joint disease and right shoulder impingement syndrome vs rotator cuff tear. Treatment to date has included therapy, right shoulder injections and medication. The provider requested EMG/NCV of the Left Upper Extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

**Decision rationale:** The patient complains of right-sided neck pain, right arm pain, and right hand digit numbness and pain, and right lateral hip pain, as per progress report dated 04/27/15. The request is for EMG/NCV of Left Upper Extremity. RFA for the case is dated 04/27/15, and the patient's date of injury is 10/08/13. Diagnoses, as per progress report dated 04/27/15, included cervical sprain, right shoulder AC joint degenerative joint disease, right shoulder impingement syndrome, right hip contusion, right wrist contusion, and right greater trochanter bursitis. Medications included Anaprox, Ultram, Amlodipine, Hydrochlorothiazide, Losartan, Naproxen and Tramadol. The patient is temporarily totally disabled, as per the same progress report. For EMG, ACOEM Guidelines page 303 states: Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In this case, progress reports do not document prior EMG/NCV of the left upper extremities. As per progress report dated 04/27/15, the patient has numbness in the right hand following the injection; however, his strength in the right hand has improved. The treater is, therefore, requesting for EMG/NCV of the upper extremities. As per the UR denial letter dated 05/15/15, electro diagnostic testing for the right upper extremity was certified but EMG/NCV of the left upper extremity was denied. This appears appropriate, as the treater does not document any left upper extremity symptoms including pain, numbness or tingling. Given the lack of left upper extremity issues, the request for EMG/NCV is not medically necessary.