

<b>Case Number:</b>	CM15-0136042		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 64 year old male, who sustained an industrial injury on November 14, 2011, incurring back, shoulders and upper and lower extremity injuries. He was diagnosed with cervical disc disease and sprain, left shoulder sprain, right rotator cuff tear, right elbow sprain, bilateral wrist sprain, right knee medial meniscus tear and lumbar strain and multi-level disc herniation with spinal stenosis. Treatment included physical therapy, acupuncture, chiropractic sessions, rotator cuff surgical repair, and work restrictions. Currently, the injured worker complained of persistent pain, numbness and tingling in the upper extremities with limited range of motion. The treatment plan that was requested for authorization included Electromyography and Nerve Conduction Velocity studies of the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography/Nerve Conduction Velocity of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Electrodiagnostic testing.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** This claimant was injured in 2011 and holds diagnoses of cervical disc disease and sprain, left shoulder sprain, right rotator cuff tear, right elbow sprain, bilateral wrist sprain, right knee medial meniscus tear and lumbar strain and multi-level disc herniation with spinal stenosis. There is persistent pain, numbness and tingling in the upper extremities with limited range of motion. No equivocal or definitive neurologic signs were noted. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.