

<b>Case Number:</b>	CM15-0164026		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, Illinois  
 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 69 year old female who sustained an industrial-work injury on 12-12-13. She reported an initial complaint of neck, left shoulder and upper extremity pain. The injured worker was diagnosed as having neuropathy of left upper extremity pain, shoulder pain, left humerus fracture and resolving neuropraxia. Treatment to date includes medication, surgery (left humerus open reduction and internal fixation (ORIF) on 12-18-13), and diagnostics. MRI results were reported on 6-25-15 and 4-30-15. X-ray results were reported on 7-6-15. Currently, the injured worker complained of radiating pain down the left arm. Per the primary physician's report (PR-2) on 7-8-15, exam noted no edema or discoloration, reduced range of motion in the left shoulder, and hypesthesia in the C6 distribution. The requested treatments include EMG-NCV (electromyography-nerve conduction velocity test) 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 left 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 12-12-13. The medical records provided indicate the diagnosis of neuropathy of left upper extremity pain, shoulder pain, left humerus fracture and resolving neuropraxia. Treatment to date includes medication, surgery (left humerus open reduction and internal fixation (ORIF) on 12-18-13). The medical records provided for review do not indicate a medical necessity for EMG/NCV left upper extremity. The medical examination indicate there was no focused cervical and upper extremities examination for neurological dysfunction or radiculopathy. The MTUS recommends that the management of the injured worker be based on information from through history and physicals. Also, the MTUS states that When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. These studies, Electromyography (EMG), and nerve conduction velocities(NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The request is not medically necessary.