

<b>Case Number:</b>	CM15-0187754		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/03/2004
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Connecticut, California, Virginia  
 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 50 year old female, who sustained an industrial injury on 4-3-04. The injured worker is being treated for right shoulder internal derangement, cervical spine radiculopathy and right wrist sprain-strain, and rule out carpal tunnel syndrome. Treatment to date has included right hip arthroscopy with labral repair and activity modifications. On 9-5-15, the injured worker complains of constant sharp, shooting, achy, burning, throbbing cervical spine pain radiating to bilateral hands rated 3-8 out of 10, constant, sharp, shooting, achy, burning, throbbing pain of right shoulder rated 3-8 out of 10 and constant right wrist-hand pain, throbbing pins, needles, stiffness and numbness rated 3-10 out of 10. She is currently not working. Physical exam performed on 9-5-15 revealed decreased, painful cervical spine range of motion, tenderness to palpation of supraspinatus ligaments, trapezius, suboccipital and paravertebral muscles, well healed arthroscopic shoulder portals on right, decreased painful right shoulder range of motion, tenderness to palpation of acromioclavicular joint, subacromial space, rotator cuff and bicipital groove and tenderness to palpation of right volar-dorsal aspect of right wrist with decreased right median distribution. On 8-25-15 a request for authorization was submitted for (EMG) Electromyogram-(NCV) Nerve Condition Velocity studies of the upper extremities. On 9-14-15 a request for upper extremity (EMG) Electromyogram-(NCV) Nerve Condition Velocity studies were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 EMG/NCV of upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, it appears that the requesting provider stated that the requested study is no longer necessary, and therefore the request is not medically necessary.