

<b>Case Number:</b>	CM15-0194358		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 33 year old female, who sustained an industrial injury on 05-20-2013. The injured worker is currently able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for cervical radiculopathy, shoulder joint derangement, and lateral epicondylitis. Treatment and diagnostics to date has included left shoulder injection, physical therapy, and medications. Current medications include Naproxen and Omeprazole. After review of progress notes dated 08-06-2015 and 09-03-2015, the injured worker reported left shoulder symptoms. Objective findings included spasm in the cervical paraspinal muscles with tenderness to palpation, restricted cervical and left shoulder range of motion, "no deficit in any of the dermatomes of the upper extremities to pinprick or light touch," and positive left shoulder impingement sign. The request for authorization dated 09-03-2015 requested electromyography-nerve conduction velocity studies of the bilateral upper extremities. The Utilization Review with a decision date of 09-11-2015 non-certified the request for electromyography-nerve conduction velocity studies of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, and Shoulder Complaints 2004, Section(s): Surgical Considerations, and Elbow Complaints 2007, Section(s): Diagnostic Criteria, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Clinical exam showed no neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings without sensation and motor strength deficits to suggest any radiculopathy or entrapment syndrome only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG/NCS of the bilateral upper extremities is not medically necessary and appropriate.