

<b>Case Number:</b>	CM15-0205259		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/15/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, New York, 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 applicant is a represented 58-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 15, 2014. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the right upper extremity. The claims administrator referenced a September 14, 2015 office visit in its determination. The claims administrator stated his decision was based the MTUS Guideline in ACOEM Chapter 9, but did not incorporate any discussion of the same into its rationale. The applicant's attorney subsequently appealed. The electrodiagnostic testing in question was apparently performed on October 20, 2015, despite the adverse Utilization Review determination was interpreted as normal EMG of right upper extremity cervical paraspinal musculature. On October 5, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The attending provider stated towards the bottom of the note the applicant had neck pain radiating down the right arm. The attending provider contended that this was not related to the previously operated upon right shoulder. Somewhat incongruously, the attending provider reported in the review of systems section of the note that the applicant did not have any issues with numbness. Electrodiagnostic testing of the right upper extremity was sought to evaluate the source of the applicant's pain complains. A Toradol injection was administered. Cervical MRI imaging dated June 26, 2015 was essentially negative, notable only for small disk protrusion at C6-C7 without evidence of canal stenosis or cord compression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography/Nerve Conduction Studies for the right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

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

**Decision rationale:** Yes, the request for electrodiagnostic testing of (EMG-NCV) of the right upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 178, EMG and/or NCV testing may help identify subtle, focal neurologic dysfunction with applicants with neck or arm symptoms or both, which last greater than three to four weeks. Here, the applicant had ongoing complaints of neck pain radiating to the right arm, the treating provider reported on October 5, 2015. The symptoms were suspected to be a function of occult cervical radiculopathy, the treating provider posited on that date. Later cervical MRI imaging of June 20, 2015 was negative and failed to uncover a structural source of the applicant's right upper extremity paresthesias. Moving forward with the electrodiagnostic testing at issue was, thus, indicated to delineate the extent of the same. Therefore, the request was medically necessary.