

<b>Case Number:</b>	CM15-0022163		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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 61 year old female, who sustained an industrial injury on July 7, 2014. The injured worker had reported pain in multiple body parts related to a slip and fall. The diagnoses have included lumbosacral strain, contusions of the back, wrist, hip and shoulder region and a cervical strain. Treatment to date has included medications, radiological studies, left shoulder injection and physical therapy. Current documentation dated December 17, 2014 notes that the injured worker complained of neck, back and left shoulder pain. Physical examination of the left shoulder and cervical and lumbar spine revealed a decreased range of motion. MRI of the cervical and lumbar spine revealed multi-level disc budes. The treating physician's recommended plan of care included an electromyography/nerve conduction velocity study of the bilateral upper extremities to rule out radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the upper bilateral extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** According to the 12/17/2014 report, this patient presents with neck, back, and left shoulder pain. The current request is for EMG/NCV of the upper bilateral extremities "to rule out radiculopathy." The request for authorization is on 12/30/2014. The patient's work status is to "remain off work until next visit- follow up in one month." The Utilization Review denial letter states, "Given that the claimant has already been evaluated with multiple MR) scans and the recent examination does not document any unexplained findings, there is no need for EDS."Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. Based on the medical reports provided for review, the patient has not had an EMG/NVC study. In this case, the physical exam findings from 11/19/2014 report show positive Impingement and Apprehension test on the left. The patient complains of "neck pain, which radiates into her left shoulder and left upper extremity." An EMG/NVC study would appear reasonable and is supported by the ACOEM guidelines. The request is medically necessary.