

<b>Case Number:</b>	CM15-0029035		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 44-year-old female, who sustained an industrial injury on 8/28/07. The injured worker has complaints of right-sided neck and shoulder pain is of sufficient intensity to limit the use of the right upper extremity. She has residual significant pain that limits function of the right upper extremity with findings of persistent thoracic outlet compression. The diagnoses have included right thoracic outlet syndrome, status post first rib resection/partial scalene resection, May 2014, right upper extremity double crush symptoms and possible right shoulder rotator injury. The documentation noted that the injured worker had a right partial rib resection and scalenectomy in May of 2014 with some improvement in right shoulder range of motion. According to the utilization review performed on 1/20/15, the requested EMG (electromyography) of the right upper extremity; EMG (electromyography) of the left upper extremity; NCV (nerve conduction velocity) of the right upper extremity and NCV (nerve conduction velocity) of the left upper extremity has been non-certified. California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 8, page 177-179, Neck and Upper back Complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography) of the right upper extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

**Decision rationale:** The patient presents with right-sided neck pain rated 4/10, which radiates to the upper extremities as well as shoulder pain, which are collectively of sufficient intensity to limit the use of the right upper extremity. The request is for EMG (ELECTROMYOGRAPHY) OF THE RIGHT UPPER EXTREMITY. The RFA provided is dated 01/18/15. Patient's diagnosis included right thoracic outlet syndrome, status post first rib resection/partial scalene resection in May 2014, right upper extremity double crush symptoms and possible right shoulder rotator injury. The patient remains very temporarily disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 01/16/15, treater is requesting upper extremity EMG for re-evaluation purposes given the patient's status-post surgery first rib resection/partial scalene resection and continued right upper extremity double crush symptoms. Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, EMG studies would appear reasonable. Furthermore, there are no documentations of prior EMG/NCV studies. Therefore, the request IS medically necessary.

**EMG (electromyography) of the left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-26.

**Decision rationale:** The patient presents with right-sided neck pain rated 4/10, which radiates to the upper extremities as well as shoulder pain, which are collectively of sufficient intensity to limit the use of the right upper extremity. The request is for EMG (ELECTROMYOGRAPHY) OF THE LEFT UPPER EXTREMITY. The RFA provided is dated 01/18/15. Patient's diagnosis included right thoracic outlet syndrome, status post first rib resection/partial scalene resection in May 2014, right upper extremity double crush symptoms and possible right shoulder rotator injury. The patient remains very temporarily disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment

if symptoms persist."Per progress report dated 01/16/15, treater is requesting upper extremity EMG for re-evaluation purposes given the patient's status-post surgery first rib resection/partial scalene resection and continued right upper extremity double crush symptoms. In this case, there are no documented indications or discussions of physical examinations, subjective complaints, and objective findings in relation to the left upper extremity. It is not clear how the left sided EMG/NCV will affect clinical decisions. Therefore, the request IS NOT medically necessary.

**NCV (nerve conduction velocity) of the right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

**Decision rationale:** The patient presents with right-sided neck pain rated 4/10, which radiates to the upper extremities as well as shoulder pain, which are collectively of sufficient intensity to limit the use of the right upper extremity. The request is for EMG (ELECTROMYOGRAPHY) OF THE LEFT UPPER EXTREMITY. The RFA provided is dated 01/18/15. Patient's diagnosis included right thoracic outlet syndrome, status post first rib resection/partial scalene resection in May 2014, right upper extremity double crush symptoms and possible right shoulder rotator injury. The patient remains very temporarily disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist."Per progress report dated 01/16/15, treater is requesting upper extremity EMG for re-evaluation purposes given the patient's status-post surgery first rib resection/partial scalene resection and continued right upper extremity double crush symptoms. Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, EMG studies would appear reasonable. Furthermore, there are no documentations of prior EMG/NCV studies. Therefore, the request IS medically necessary.

**NCV (nerve conduction velocity) of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

**Decision rationale:** The patient presents with right-sided neck pain rated 4/10, which radiates to the upper extremities as well as shoulder pain, which are collectively of sufficient intensity to limit the use of the right upper extremity. The request is for EMG (ELECTROMYOGRAPHY) OF THE LEFT UPPER EXTREMITY. The RFA provided is dated 01/18/15. Patient's diagnosis

included right thoracic outlet syndrome, status post first rib resection/partial scalene resection in May 2014, right upper extremity double crush symptoms and possible right shoulder rotator injury. The patient remains very temporarily disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 01/16/15, treater is requesting upper extremity EMG for re-evaluation purposes given the patient's status-post surgery first rib resection/partial scalene resection and continued right upper extremity double crush symptoms. In this case, there are no documented indications or discussions of physical examinations, subjective complaints, and objective findings in relation to the left upper extremity. In review of the medial records provided, it is not clear how the left sided EMG/NCV studies will affect clinical decisions. Therefore, the request IS NOT medically necessary.