

<b>Case Number:</b>	CM15-0034486		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: California, Hawaii  
 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 55 year old female who sustained a work related injury to the head, left knee and right ribs when she tripped on a box on February 14, 2013. The injured worker underwent a left knee anterior cruciate ligament repair on November 11, 2013. The injured worker was diagnosed with anterior cruciate ligament repair, left lateral epicondylitis, left rotator cuff tear with frozen shoulder and left biceps tendinitis. According to the primary treating physician's progress report on January 31, 2015 the patient's knee condition was unchanged and she continues to experience left shoulder and elbow pain. Examination of the left shoulder demonstrated tenderness at the trapezius and proximal biceps insertion with positive impingement signs. Range of motion was noted at 135 degrees forward flexion, 110 degrees abduction, and 80 degrees external rotation with pain. The left elbow documented full range of motion with pain at the brachial radialis and biceps tendon. Current medications are listed as Tramadol, Vicodin, Etodolac and topical analgesics. Treatment modalities consist of 24 completed physical therapy sessions for the left knee and shoulder, home exercise program, tennis elbow strap authorized and medication. The treating physician requested authorization for Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the left upper extremity. On February 10, 2015, the Utilization Review denied certification for Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the left upper extremity. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of LUE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck Chapter EMG & NCS.

**Decision rationale:** The patient presents with pain in the left shoulder, left elbow, and left knee. The current request is for EMG/NCS of left upper extremity. The treating physician states, "Left Upper Extremity: Tenderness at trapezius and proximal biceps, breakaway weakness, positive impingement, O'Briens, and Hawkins tests. EMG/NCS of the left upper extremity to evaluate for weakness and numbness." The patient has had physical therapy and takes medication but the pain is persistent and has not had an EMG/NCS test prior to this request. For EMG studies, the ODG guidelines state, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." For NCS studies, the ODG guidelines states, "Not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam." In this case, the treating physician has documented that the patient is experiencing numbness in the left upper extremity and is still experiencing symptoms of radiculopathy even after 1 month of treatments. The current request is medically necessary and the recommendation is for authorization.