

<b>Case Number:</b>	CM15-0038348		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	11/11/2008
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 66-year-old male, who sustained a work related injury on 11/11/08. The diagnoses have included Marfan's Syndrome, lumbar spondylosis, status post right hip surgery with pain, right knee pain, bilateral shoulder pain with osteoarthritis and degenerative disc disease multiple levels. Treatments to date have included medications, home exercise program and heat/ice. In the PR-2 dated 1/14/15, the injured worker complains of bilateral shoulder, right hip and right knee pain. He rates the pain a 2/10 on medications and an 8/10 without medication. He has diffuse tenderness to palpation of the lumbar musculature. He has tenderness to palpation of both sacroiliac joints. He complains of pain with range of motion of lower back. He has tenderness to palpation of bilateral shoulders, right more than left. He has some decreased range of motion in both shoulders. He states he feels like he is doing better and he is able to do more activities. The requested treatment for Independent Medical Review is an EMG/NCS of bilateral upper extremities. On 1/30/15, Utilization Review non-certified an EMG/NCS of the 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 bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for this 66-year-old patient with injury of 2008 now without any report of new injury, acute flare-up, or red-flag conditions. The EMG/NCS of bilateral upper extremities is not medically necessary and appropriate.