

<b>Case Number:</b>	CM15-0053861		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 injured worker is a 54-year-old female, who sustained an industrial injury on 10/21/2014. She reported a whiplash type injury. The injured worker was diagnosed as having sprains and strains of neck and pain in joint shoulder. Treatment to date has included physical therapy for the right shoulder, chiropractic care and medications. The records show that the injured worker had electromyography done in July of 2014, prior to this injury. Currently, the injured worker complains of right ear numbness, pain, and radiation from the right side of the neck into her right cervical brachial region and posterior ear. She had a sensation of fullness and hearing changes. The treatment plan included Electromyography of the bilateral right upper extremity and surgical consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient had normal EMG/NCV studies of the bilateral upper extremities on July 7, 2014. There are no new neurological deficits. In addition, documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request is not medically necessary.