

<b>Case Number:</b>	CM15-0058298		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: 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 49 year old male, who sustained an industrial injury on 08/27/2011. The injured worker is currently diagnosed as having protrusion of C4-5, C5-6, and C6-7 with neural encroachment and radiculopathy, rule out lumbar radiculopathy, lumbar sprain/strain, status post open left shoulder surgery in 2013, right shoulder impingement, status post bilateral carpal tunnel release, and thoracic pain. Treatment to date has included left shoulder surgery, physical therapy, activity modification, Transcutaneous Electrical Nerve Stimulation Unit, home exercise program, cold/heat, and medications. In a progress note dated 01/06/2015, the injured worker presented with complaints of cervical, thoracic, and low back pain, left and right shoulder pain, and right and left wrist/hand pain. The treating physician reported requesting authorization for electromyography/nerve conduction velocity studies of the bilateral upper extremities with neurological consultation for further evaluation. Upper extremity electromyography/nerve conduction studies noted to be performed on 02/12/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Updated EMG/NCV of the upper extremities with neurological consultation provided gradual cercendo, upper extremity neurologic component: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-shoulder MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

**Decision rationale:** EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat 'routine' evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. There is no change in physical exam from prior provided records. All neurological findings are chronic. Patient already has a diagnosis of carpal tunnel syndrome post carpal tunnel surgery. There is no rationale provided for requested test. NCV is not medically necessary As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.