

<b>Case Number:</b>	CM15-0061872		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 53 year old female who sustained an industrial injury on 11/17/2014. Diagnoses include cervical strain, bilateral shoulder impingement, right elbow strain, and left wrist strain and left thumb osteoarthritis. Treatment to date has included diagnostic studies, medications, chiropractic sessions, work modifications, rest, ice, therapy, and a cortisone injection to the left hand which did not help. She also had a wrist brace that she could not wear while working. A physician progress note dated 02/13/2015 documents the injured worker complains of neck pain with limited range of motion. She has left shoulder pain with reduced range of motion, and pain in her right elbow and left wrist and hand. Her left wrist and hand pain is moderate and there is numbness and tingling present. The physical examination of the left wrist and hand reveals tenderness to palpitation over the volar aspect and carpometacarpal joint and left thumb. There is positive Phalen's Tinel's and carpal compression testing. There is decreased sensation to light touch digits one, two and three volarly. Opposition strength is compromised by pain at first carpometacarpal joint. Treatment requested is for EMG/NCV of bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral upper extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-213.

**Decision rationale:** This 53 year old female has complained of neck and bilateral upper extremity pain since date of injury 11/17/14. She has been treated with physical therapy, steroid injection, medications and chiropractic therapy. The current request is for EMG/NCV of the bilateral upper extremities. Per the MTUS guidelines cited above, EMG/NCV studies as part of the evaluation of shoulder pain are not recommended. Additionally, the available medical records contain inadequate documentation of abnormal objective findings as well as inadequate documentation of conservative care. On the basis of the available medical records and per the ACOEM guidelines cited above, EMG/NCV of the bilateral upper extremities is not indicated as medically necessary.

**Chiropractor 2 x 6 for neck and bilateral shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** This 53 year old female has complained of neck and bilateral upper extremity pain since date of injury 11/17/14. She has been treated with physical therapy, steroid injection, medications and chiropractic therapy. The current request is for chiropractic therapy 2 x 6 for neck and bilateral shoulders. Per the ACOEM guidelines cited above, there is insufficient evidence to support manipulation as a treatment modality in patients with neck pain. On the basis of the available medical records and per the ACOEM guidelines cited above, chiropractic therapy 2 x 6 for neck and bilateral shoulders is not indicated as medically necessary.