

<b>Case Number:</b>	CM14-0122922		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 62 year old female with a reported date of injury on 03/22/2013. The mechanism of injury was repetitive stress. The diagnoses included right shoulder impingement and right bicipital tendinitis. The past treatments included pain medication and surgery. There were no relevant diagnostics provided for review. The surgical history consisted of a right shoulder arthroscopy performed in 2009. On 07/31/2014, the subjective complaints included right shoulder pain. The physical examination revealed a positive impingement sign, Hawkin's and O'Brien's tests on the right. Also noted was numbness and tingling on the dorsum of the right hand. The medications consisted of Terocin patches and LidoPro cream. The treatment plan was to order an electromyography (EMG) study. The rationale was not provided. The request for authorization form was dated 07/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyelogram (EMG) of the left upper extremity.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for Electromyogram (EMG) of the left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state 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. For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The injured worker has chronic right shoulder pain and reported numbness and tingling on the dorsum of the right hand. There were no physical examination notes regarding the left upper extremity. Additionally, there was no evidence of documentation regarding how long the injured worker has had the symptoms, failure of conservative care, or clear neurological deficits to support an EMG. As there is no evidence of the failure of conservative care or clear neurological deficits, the request is not supported. As such, the request is not medically necessary.

**Electromyogram (EMG) of the right upper extremity.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for Electromyogram (EMG) of the right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state 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. For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The injured worker has chronic right shoulder pain and reported numbness and tingling on the dorsum of the right hand. There was no evidence of documentation regarding how long the injured worker has had the symptoms, failure of conservative care, or clear neurological deficits to support an EMG. As there is no evidence of the failure of conservative care or clear neurological deficits, the request is not supported. As such, the request is not medically necessary.