Case Number:	CM14-0169515		
Date Assigned:	10/17/2014	**Date of Injury:**	06/21/2012
Decision Date:	12/15/2014	**UR Denial Date:**	09/18/2014
Priority:	Standard	**Application Received:**	10/14/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 32 year-old female with a 6/21/12 date of injury. The patient was most recently seen on 8/22/14 with complaints of slight, 2-3/10 right elbow pain, with exertion only. There is muscle weakness, as well as lateral and medial right elbow pain, with forceful gripping. There is also cervical 1/10 and right shoulder pain 1-2/10 with exertion only. Pain levels were all reduced compared with original values, and the patient had just completed visit 12 of 12 of chiropractic care 3 days prior to evaluation. She reported feeling better overall. Exam findings revealed cervical stiffness to palpation; however, all ranges of motion in the cervical spine were recoded as full, with the exception of rotation, which is symmetrically restricted by 10-degrees. There was tenderness to palpation of the right scapula, and there is minor dull pain in the right pectoralis and right forearm laterally at the brachioradialis. There was dull pain in the right triceps, and the right biceps was mildly tender to palpation. The interscapular region was mildly tender to palpation, with stiffness. Both long and short heads of the right biceps displayed pain. Foraminal compressiona and distraction tests were negative, as were the shoulder depressor test. No neurological exam was documented. The UR review referenced a treatment note dated 9/9/14, which was not included among the records available to this reviewer. A neurological exam was noted on this date of service, and reportedly showed decreased sensation in the thenar and hypothenar eminences of the right thumb. Motor strength was decreased with grade -5/5 on the right trapezius and right wrist extensors. The deep tendon reflexes were 1/4 in the biceps (C5-C6) and brachioradialis (C6) bilaterally. Resisted wrist flexion was positive on the right, tenderness was recorded over the medial and lateral epicondyles bilaterally, and Cozen's test was positive. The patient's diagnoses include: 1) Cervical strain/sprain. 2) Right lateral epicondylitis. 3) Right rotator cuff strain. 4) Thoracic strain.Treatment to date: chiropractic, physical therapyAn adverse determination was received on 9/18/14 due to a lack of substantial physical

findings of radiculopathy to justify NCV-EMG of the left upper extremity, or EMG of the right upper extremity. However, since neurological exam did reveal both sensory and motor deficits referable to the right upper extremity, the request was partially certified to approve the NCV of the right upper extremity only.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of right cervical spine EMG of left cervical spine NCV of left cervical spine EMG of right cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations. Decision based on Non-MTUS Citation ODG Neck and Upper Back (updated 08/04/14; Electromyography (EMG)/ Nerve conduction studies (NCS)ODG Carpal Tunnel Syndrome (Updated 02/20/14); Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Neck and Upper Back Chapter;)

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. This patient has been receiving care for neck and bilateral upper extremity pain of 2 years duration. In a treatment note dated 8/22/14, the patient complained of minimal to mild intensity pain in the right elbow, neck, and right shoulder, but only with exertion. She denied numbness or tingling. Physical exam revealed stiffness in the neck, but with normal ranges of motion. There was tenderness to palpation along multiple muscle groups of the right shoulder girdle and right arm. Neurological examination was reportedly grossly normal, with sensory deficits detected in the thenar and hypothenar eminences of the right thumb. Trace motor weakness was detected in the right trapezius and right wrist extensors, and resisted wrist flexion was positive on the right. Deep tendon reflexes were depressed at1/4 in the biceps and brachiradialis bilaterally. Although improved with conservative treatment, this patient still showed evidence of sensory and motor radiculopathy on physical exam, affecting the right upper extremity. However, there is no such evidence suggesting nerve root compromise on the left. Therefore, the request for EMG of left cervical spine, NCV of left cervical spine, and EMG of right cervical spine is not medically necessary. The request was modified so as to partially certify the NCV of right cervical spine only, which was medically necessary.