

<b>Case Number:</b>	CM14-0097717		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 41-year-old male with a 7/5/13 date of injury. The mechanism of injury occurred when he was assembling a drum for strawberries. He was pushing the pieces together to put the cap on when his left arm slipped and injured his back and shoulders. According to a progress report dated 5/23/14, the patient complained of left-sided neck, girdle, and upper extremity pain. He stated that the intensity gets as high as a 10/10 on a 10-point scale. Aggravators are associated with any left upper extremity use and alleviators of his pain have included rest and medications. A left shoulder MRI dated 12/13/13 revealed moderate tendinopathy and minimal interstitial tearing in the supraspinatus tendon near its enthesis in the greater tuberosity. Minimal superior labral degeneration with no discreet labral tears evident. There is moderate AC joint arthritic changes and fluid in the subacromial space suggesting bursitis. A cervical MRI study dated 6/20/14 revealed no significant incidental findings. Objective findings: shoulder girdles asymmetric with left shoulder much higher than the right, restricted cervical Range of Motion (ROM), restricted left shoulder flexion, positive Spurling maneuver on the left. Diagnostic impression: degeneration of cervical intervertebral disc, disorder of bursa of shoulder region, diffuse regional myofascial pain, rule out cervical degenerative disc disease, rule out left upper extremity radiculopathy. Treatment to date includes: medication management, activity modification, physical therapy and chiropractic treatment. A UR decision dated 6/10/14 denied the requests for EMG/NCS of left upper extremities. There is a concurrent request for MRI of the cervical spine and the outcome of this study should first be addressed prior to establishing the need for EMG/NCV.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG(electromyography) of left Upper Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines), Treatment , Pain (Chronic)ODG(Official Disability Guidelines), Treatment-Low Back, Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 10 Elbow Disorders, page 238 and on the MTUS Chronic Pain Medical Treatment Guidelines, Elbow Disorders and on the Non-MTUS Official Disability Guidelines (ODG) Neck and Upper Back Chapter. The Expert Reviewer's 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. On physical exam, the patient had a positive Spurling's test which is suggestive for cervical root impingement. The prior UR decision dated 6/20/14 denied the request pending the results of the cervical MRI. The cervical MRI study was completed on 6/20/14 and revealed no significant incidental findings. Guidelines support EMG testing to establish the cause of radiculopathy. Therefore, the request for EMG (electromyography) of left upper extremity was medically necessary.

**NCS(Nerve Conduction Study) of left Upper Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines), Treatment , Pain (Chronic).

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 10 Elbow Disorders (Revised 2007), page 238 and on the MTUS Chronic Pain Medical Treatment Guidelines, Elbow Disorders and on the Non-MTUS Official Disability Guidelines (ODG) Neck and Upper Back Chapter.The Expert Reviewer's 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. On physical exam, the patient had a positive Spurling's test which is suggestive for cervical root impingement. The prior UR decision dated 6/20/14 denied the request pending the results of the cervical MRI. The cervical MRI study was completed on

6/20/14 and revealed no significant incidental findings. Therefore, the request for NCS (Nerve Conduction Study) of left upper extremity was medically necessary.