

<b>Case Number:</b>	CM15-0108457		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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(n) 45 year old female, who sustained an industrial injury on 12/3/13. She reported pain in her right shoulder, right arm and right side of the neck after lifting a heavy object. The injured worker was diagnosed as having cervical spondylosis with disc bulge, internal derangement of right shoulder and probable low-level lumbar disc injury. Treatment to date has included physical therapy, an MRI of the right shoulder on 1/2/14, an MRI of the cervical spine on 4/16/14 and NSAIDs. Many of the recent progress notes are hand written and are limited by very poor legibility. On 1/22/15, the injured worker reported pain in the left shoulder area. Subsequent progress notes discuss pain in the right shoulder and do not mention the left shoulder. As of the PR2 dated 4/7/15, the injured worker reports severe right shoulder pain and walked in on an urgent basis. Objective findings include tenderness over the right shoulder and painful limited range of motion in the right shoulder. Utilization review approved electrodiagnostics of right upper extremity but denied left arm testing due to lack of any complaints of findings on exam. The treating physician requested an EMG/NCV of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography) of the Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

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

**Decision rationale:** 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 are signs of median or ulnar nerve entrapment. There is no documented anomaly in physical exam. Patient has no documented complaints concerning left wrist and left arm problems. There is no rationale provided for requested test. NCV is not medically necessary.

**NCV (nerve conduction velocity) of the Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** 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 related to left shoulder except for a single brief mention in note several months back. There is a completely normal left shoulder exam. There is no exam or signs consistent with radiculopathy There is no rationale about why testing is requested for left shoulder which has no symptoms. EMG is not medically necessary.