

<b>Case Number:</b>	CM15-0010982		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 64 year old male, who sustained an industrial injury on 08/05/2013. He has reported subsequent right shoulder pain and was diagnosed with complete rupture of rotator cuff and closed posterior dislocation of the right shoulder. Treatment to date has included oral pain medication, physical therapy and cortisone injections. In a progress note dated 11/07/2014 the injured worker complained of neck and right shoulder pain. Objective examination findings were notable for right upper pain with resisted biceps flexion, resisted internal rotation and external rotation, decreased adduction, pain with adduction, decreased shoulder flexion and pain with shoulder flexion. A request for electromyogram and nerve conduction studies of the upper extremities was made without specific documentation as to why the studies were being requested. On 01/09/2015, Utilization Review non-certified requests for electromyogram and nerve conduction study of the left and right upper extremities x 2, noting that there was a lack of documentation of failure of conservative care and the rationale for ordering the studies was unclear. MTUS, ACOEMS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of right upper extremity x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient presents with pain and weakness in his neck, right shoulder and upper extremity. The request is for ELECTROMYOGRAPHY --EMG-- OF THE RIGTH UPPER EXTREMITY X2. There is no indication provided if there were any previous EMG conducted in the past. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient has kept reporting constant pain and radiating symptoms in her upper extremity. Given that the patient has not had this test performed in the past and the patient's continuing radiating symptoms in her upper extremity, an EMG may be reasonable. However, the request is for two--2-- sets of EMG. The reports provided show no discussion as to why two--2-- sets of EMG are being needed. The request IS NOT medically necessary.

**EMG of left upper extremity x2:** 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, Low Back- Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient presents with pain and weakness in his neck, right shoulder and upper extremity. The request is for ELECTROMYOGRAPHY --EMG-- OF THE LEFT UPPER EXTREMITY X2. There is no indication provided if there were any previous EMG conducted in the past. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient has kept reporting constant pain and radiating symptoms in her upper extremity. Given that the patient has not had these tests performed in the past and the patient's continuing radiating symptoms in her upper extremity, an EMG may be reasonable. However, the request is for two(2) sets of EMG. The reports provided show no discussion as to why 2 sets of EMG are being needed. The request IS NOT medically necessary.

**NCV of right upper extremity x2:** 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, Low Back- Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient presents pain and weakness in his neck, right shoulder and upper extremity. The request is for NERVE CONDUCTION VELOCITY --NCV-- OF THE RIGHTH UPPER EXTREMITY X2. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient has kept reporting constant pain and radiating symptoms in her upper extremity. Given that the patient has not had this test performed in the past and the patient's continuing radiating symptoms in her upper extremity, an NCV may be reasonable. However, the request is for two--2-- sets of NCV. The reports provided show no discussion as to why 2 sets of NCV are being needed. The request IS NOT medically necessary.

**NCV of the left upper extremity x2:** 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, Low Back- Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient presents pain and weakness in his neck, right shoulder and upper extremity. The request is for NERVE CONDUCTION VELOCITY --NCV-- OF THE LEFT UPPER EXTREMITY X2. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient has kept reporting constant pain and radiating symptoms in her upper extremity. Given that the patient has not had these tests performed in the past and the patient's continuing radiating symptoms in her upper extremity, an NCV may be reasonable. However, the request is for two--2-- sets of NCV. The reports provided show no discussion as to why 2 sets of NCV are being needed. The request IS NOT medically necessary.