Case Number:	CM15-0014657		
Date Assigned:	02/02/2015	**Date of Injury:**	11/13/2014
Decision Date:	03/26/2015	**UR Denial Date:**	01/12/2015
Priority:	Standard	**Application Received:**	01/26/2015

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 37-year-old female who reported injury on 11/13/2014. Her mechanism of injury was vacuuming. Her diagnoses included sprain/strain of right shoulder, tenosynovitis of the right wrist. Her medications were not included. Her surgical history was not included. The progress report of 01/12/2015 documented the injured worker had complaints of pain she rated at a 5/10 to the right shoulder. On physical exam, it was noted there was no deformity of the right clavicle, tenderness noted to the right sternoclavicular and acromioclavicular joints with mild pain. There was no subluxation of the right sternoclavicular and right acromioclavicular joints. No muscle spasms of the right trapezius, deltoid, upper extremity muscles were noted. There is tenderness of the right biceps tendon and rotator cuff. There was full range of motion of the right shoulder with flexion to 180 degrees, extension to 50 degrees, abduction to 180 degrees, adduction to 50 degrees, and internal and external rotation to 90 degrees. The right wrist was stable, with no deformity noted. Flexor surface of the right wrist was nontender as well as extensor surface of the right wrist. The CMC joint of the right thumb is nontender and stable. No crepitation noted to the right wrist. Full range of motion to the right wrist was recorded at dorsiflexion to 70 degrees, volar flexion to 80 degrees, radial deviation to 25 degrees, ulnar deviation to 35 degrees, and pronation/supination to 90 degrees. There is 5/5 muscle strength in the right wrist. Impingement testing for the right rotator cuff was negative. Bicipital, brachial radialis, and tricipital deep tendon reflexes are 4/4 in the left upper extremities and right upper extremities. There is a negative Phalen's and Tinel's test to the right wrist. Finkelstein's test is negative for right stenosing tenosynovitis. Carpal compression testing is negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The request for EMG/NCV is not medically necessary. The ACOEM guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study.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. There is a lack of documentation regarding nerve compromise on the neurologic exam. There is a lack of documentation regarding impingement signs, radiculopathy. There is also a lack of documentation concerning failure of conservative care. The guidelines state there must be physiologic evidence of neurologic findings to include neurological deficits, and failed conservative care, along with failed determination of effective nerve on physical exam or MRI. Therefore, the request for EMG/NCV to the right upper extremity is not medically necessary.