

<b>Case Number:</b>	CM15-0116591		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania, Ohio, 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 52 year old male who sustained an industrial injury on 04/17/2014. Mechanism of injury occurred when a pallet of produce fell and hit him. He sustained injury to the right side of his head as well as his right shoulder and right upper extremity. Diagnoses include head contusion; post-concussion head syndrome, cervical spine myoligamentous strain superimposed on multilevel degenerative disc disease, right shoulder contusion, and Magnetic Resonance Imaging evidence of chronic labral tear and rotator cuff tendinosis of the supraspinatus tendon; status post right shoulder arthroscopic surgery on 03/03/2015, lumbosacral spine myoligamentous strain, Magnetic Resonance Imaging evidence of a 3-4mm inferiorly directed disc extrusion at L4-L5 and a 4mm undulating disc and osteophytic ridge at L5-S1, and normal Electromyography/Nerve Conduction Velocity of the bilateral upper extremities on 01/06/2015 and 08/20/2014. Treatment to date has included right shoulder surgery, physical therapy, and diagnostic studies. A physician progress note dated 05/11/2015 documents the injured worker recently underwent right shoulder surgery and has been experiencing occasional pain in his right shoulder and right hand with associated numbness throughout his right arm. He also complains of persistent, mild to moderate pain in his low back with associated numbness, which he rates as 4 out of 10 on the pain scale. On examination the right shoulder and right hand ranges of motion are restricted. He is unable to make a fist. His lumbar spine reveals palpable tenderness, extending into the low thoracic spine, and there is limited range of motion. The treatment plan is for follow up orthopedic reevaluation, consultation with an orthopedic spine specialist in order to address worsening painful complains of the lumbar spine and a request for

an Electromyography/Nerve Conduction Velocity of the lower extremities to further address pathology. He is to continue with his physical therapy for his right shoulder. He was prescribed the following medications: Cyclobenzaprine for spasms and Naproxen sodium to reduce inflammation. Treatment requested is for NCV/EMG (nerve conduction velocity/electromyography).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NCV/EMG (nerve conduction velocity/electromyography):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** MTUS/ACOEM recommend electrodiagnostic studies of the lower back/lower extremities if to evaluate specific neurological symptoms/findings which suggest a neurological differential diagnosis. The rationale or differential diagnosis for the currently requested electrodiagnostic study are not apparent. This request is not medically necessary.