

<b>Case Number:</b>	CM15-0119632		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on 10/18/11. She has reported initial complaints of left arm pain that radiates to the neck with stiffness. The diagnoses have included osteoarthritis of the left shoulder, infraspinatus sprain/strain, and left forearm pain. Treatment to date has included medications, activity modifications, rest, diagnostics, surgery, chiropractic, and physical therapy. Currently, as per the physician progress note dated 5/6/15, the injured worker complains of constant left shoulder pain that radiates to the fingers with numbness and aggravated by activities. She also complains of constant aching left forearm pain that radiates to the fingers with numbness and aggravated by activities. The objective findings reveal that the right hand grip strength is decreased, the left shoulder ranges of motion are decreased and painful, and the left forearm supination is decreased at 70 degrees and pronation is decreased at 70 degrees. There is a lift capacity evaluation noted in the records. The diagnostics included a Magnetic Resonance Imaging (MRI) of the left shoulder. The report is not include 3d in the records. The physician requested treatment included electromyography (EMG) /nerve conduction velocity studies (NCV) of the bilateral upper extremities due to constant weakness and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging 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. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are osteoarthritis left shoulder; infraspinatus sprain strain; and left forearm pain. The date of injury was October 18, 2011. The medical record contains 25 pages. Request for authorization is June 3, 2015. The most recent progress note is dated May 6, 2015. The injured worker has had multiple surgeries including left shoulder surgery, lumbar surgery and multiple left knee surgeries. According to the May 6, 2015 progress note, the worker has ongoing left shoulder pain 4/10 and left forearm pain 4/10. Pain radiates to the fingers. Objectively, there is no neurologic evaluation of the upper or lower extremities. There is no objective documentation of radiculopathy involving the lower extremities. Range of motion of the shoulder is decreased with tenderness palpation. Consequently, absent clinical documentation of a neurologic evaluation with objective evidence of radiculopathy and unequivocal specific nerve compromise on a neurologic evaluation, EMG/NCV of the bilateral upper extremities is not medically necessary.