

<b>Case Number:</b>	CM15-0178653		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 23 year old male patient, who sustained an industrial-work injury on 6-17-14. The diagnosis includes cervical spine sprain-strain. He sustained the injury due to holding and moving packages to the belt. Per the doctor's note dated 7/13/15, he had complains of activity dependent moderate 5 out of 10 sharp neck pain radiating to mid back, associated with movement; activity dependent moderate 6 out of 10 sharp left shoulder pain and weakness, associated with movement and lifting 10 pounds. The physical examination revealed dermatome sensation intact and equal bilaterally in the upper extremities and normal motor strength and deep tendon reflexes, cervical range of motion normal, 3+ tenderness with palpation of the paravertebral muscles, muscle spasm, and pain with cervical compression and shoulder depression; left shoulder range of motion normal, 3+ tenderness to palpation of the anterior shoulder and glenohumeral joint and pain with Hawkin's as well as Neer's. The current medications list is not specified in the records provided. He has had cervical spine MRI dated 12/2/2014 which revealed 1-2 mm posterior disc bulge at C6-7 without stenosis or enchronchment, 2-3 mm right paracentral disc bulge at C7-T1 with right foraminal narrowing; MRI left shoulder dated 10-13-14 which revealed near full thickness supraspinatus tendinosis, minimal osteoarthritis change of the AC (acromioclavicular) joint, and prominent junction between the superior glenoid articular cartilage and superior labrum. He has had physical therapy visits for this injury. The Request for Authorization requested service to include EMG (electromyography), NCV (nerve conduction velocity) test of the left upper extremity. The Utilization Review on 8-12-15 denied the request due to lack of documentation to support radiculopathy or neuropathy, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Neck and Shoulder Complaints and ACOEM (American College of Occupational and Environmental Medicine) Guidelines.

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

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

**EMG/NCV of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the ACOEM guidelines "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." Per the records provided patient had neck and left shoulder pain. The physical examination revealed normal strength, sensation and reflexes in the bilateral upper extremities and normal range of motion of the cervical spine and left shoulder. Evidence of neurological symptoms in the left upper extremity is not specified in the records provided. In addition per the cited guidelines "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Failure to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of EMG/NCV of the left upper extremity is not fully established for this patient.