

<b>Case Number:</b>	CM15-0027698		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 46 year old male, who sustained an industrial injury on 10/8/2014. The current diagnoses are left shoulder impingement syndrome, bursitis, tendonitis, and possible tear of the cuff, musculoligamentous strain of the cervical spine, cervical spondylosis, and rule out herniated disc, bilateral lateral epicondylitis, and sprain/strain of the forearm. According to the progress report dated 1/8/2015, the injured worker complains of neck pain with radiation into the left upper extremity. The pain is rated 7/10 on a subjective pain scale. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles, decreased sensation over the left forearm, and slight decrease with motor strength, secondary to pain and guarding. The left shoulder examination reveals tenderness to palpation over the greater tuberosity and suprascapular muscles with decreased range of motion. The current medication list was not available for review. Treatment to date has included medication management, x-rays, MRI studies, and physical therapy. The plan of care includes EMG/NCV of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Right Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, 177-178.

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings with focal decreased sensation at forearm with intact motor strength to suggest any radiculopathy or entrapment syndrome only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG/NCV Right Upper Extremities is not medically necessary and appropriate.

**EMG/NCV Left Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, 177-178.

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings with focal decreased sensation at forearm with intact motor strength to suggest any radiculopathy or entrapment syndrome only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG/NCV Left Upper Extremities is not medically necessary and appropriate.