

<b>Case Number:</b>	CM15-0076418		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: New Jersey

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:

The injured worker is a 70 year old male, who sustained an industrial injury on 4/6/09. He reported neck, shoulder and right knee pain. The injured worker was diagnosed as having cervical spine strain/sprain with myalgia, rule out cervical spine disc displacement cervical spine radiculitis, right shoulder tendinitis/bursitis, rule out right shoulder internal derangement, right knee patellofemoral syndrome, rule out right knee internal derangement, left patellofemoral syndrome and rule out left knee internal derangement. Treatment to date has included oral medications, viscosupplementation injections and arthroscopic surgery of left knee. Currently, the injured worker complains of constant throbbing pain of cervical spine with radiation to right upper extremity rated 5-7/10 and medication and rest alleviate the pain temporarily, constant throbbing pain of right shoulder 5-7/10 temporarily relieved with medication and rest and right and left knee pain described as constant, aching, throbbing rated 5-7/10 temporarily relieved with rest and medications. Physical exam noted palpable tenderness over the cervical spine spinous processes and supraspinatus ligaments, palpable tenderness of the bilateral cervical spine paraspinal musculature and trapezius muscles and palpable tenderness of the bilateral sub occipital muscles; palpable tenderness of right acromioclavicular joint, subacromial space and rotator cuff and palpable tenderness and crepitation of bilateral patellofemoral joints and palpable tenderness of bilateral medial joint margins of bilateral knees. The treatment plan included (MRI) magnetic resonance imaging of cervical spine, right shoulder, right knee and left knee and (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies of cervical spine and upper extremities.

## **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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCV, EMG.

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

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was clear subjective and objective evidence in recent examination and history to show right cervical radiculopathy. It is unclear as to why the nerve testing of both upper extremities was requested with only right-sided complaints and signs. Also, there was no suggestion that any significant change was noted from previous symptoms examination which would have warranted repeat testing in this area. Therefore, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.