

<b>Case Number:</b>	CM14-0001481		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	08/03/2015	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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, North Carolina  
 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 46 year old male, who sustained an industrial/work injury on 8/2/12. He reported initial complaints of bilateral hand pain, shoulder pain, and arm pain. The injured worker was diagnosed as having disorders of bursa and tendons in shoulder region, cervicalgia, and cervical spondylosis without myelopathy. Treatment to date has included medication, surgery (left shoulder), physical therapy, and diagnostics. Currently, the injured worker complains of pain in the neck and left shoulder with radiation to the left arm and left elbow. There was intermittent numbness and tingling in the left hand and still weakness in the left arm and left hand and right hand pain and tingling. Pain is rated 6-7/10. Per the primary physician's progress report (PR-2) on 12/13/13, recent therapy has improved symptoms but sleep is still interrupted. Shoulder is frozen with need of more therapy. Examination reveals full range of motion to cervical spine, with tenderness to palpation over the bilateral cervical paraspinal muscles, negative Spurling's maneuver. The left shoulder had tenderness over the anterior and posterior aspects, negative Hawkin's test, Drop arm test, and Yergason's test, positive crossed arm adduction test; right wrist exam with pain on ulnar deviation, tenderness to palpation on medial thenar eminence in left hand, positive Tinel's in right wrist and pain on full extension of wrist. The requested treatments include EMG/NCS (electromyography/nerve conduction velocity test) of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 12/04/2013), EMG's (Electromyography) and Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** In this case, the patient complains of neck and left shoulder pain radiating to the left upper extremity. However, the request is for bilateral EMG/NCV of the lower extremities. Review of the medical records submitted reveal no subjective complaints or objective findings on physical exam that pertain to the lumbar spine or lower extremities. There is no rationale given for the request of bilateral lower extremity EMG/NCV diagnostic testing. Therefore, the request is not medically necessary or appropriate.