

<b>Case Number:</b>	CM13-0018028		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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 physician 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/services.

### CLINICAL CASE SUMMARY

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

63 yr old male claimant sustained an injury on 11/24/10 and resulted in a shoulder injury. After surgical intervention he developed rotator cuff syndrome. A report on 7/17/13 noted that the claimant had numbness in the left forearm as well as muscular atrophy of the right deltoid. Provocative tests determined mildly positive impingement signs on the right. An " updated MRI" (unknown date) indicated partial tear of the inferior labrum and subscapularis tendon and long head of biceps on the right shoulder. Prior treatments also included therapy and analgesics . An EMG and NCV were ordered to determine if he cause of numbness and atrophy were due to prior surgery or elbow entrapment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV for right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-219.

**Decision rationale:** According to the ACOEM guidelines- table 9-6: the detection of physiologic abnormalities of the shoulder rarely requires conduction time of the suprascapular nerve for cases of severe cuff weakness unaccompanied by signs of a rotator cuff tear. In addition, NCV is

not recommended as part of a shoulder evaluation for usual diagnosis. In addition, a recent MRI confirmed tears and identification of the problem. There was no documentation of abnormal examination within the elbow to question whether the cause of neuropathy is rooted from that anatomical location. As a result, an NCV is not medically necessary.

**EMG for the right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-219.

**Decision rationale:** According to the ACOEM guidelines- table 9-6: EMG is not recommended as part of a shoulder evaluation for usual diagnosis. In addition, a recent MRI confirmed tears and identification of the problem. There was no documentation of abnormal examination within the elbow to question whether the cause of neuropathy is rooted from that anatomical location. For a suspected thoracic outlet obstruction, an EMG can be used to prior to considering surgery for progressive weakness and atrophy. In this case, the claimant already received surgery and there was no indication of identifying a thoracic outlet syndrome. As a result, an EMG is not medically necessary.