

<b>Case Number:</b>	CM13-0042988		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old female who has submitted a claim for left shoulder internal derangement associated with an industrial injury date of May 15, 2012. Medical records from 2013 were reviewed. The patient complained of constant burning left shoulder pain graded 6-7/10. Pain was aggravated by normal movements. Physical examination showed tenderness over the delto-pectoral groove and at the insertion of the supraspinatus muscle; restricted ROM at flexion of 170 degrees, abduction of 170 degrees, adduction of 40 degrees, internal and external rotation of 75 degrees; and decreased motor strength of the left upper extremity due to pain. Treatment to date has included NSAIDs, opioids, muscle relaxants, anticonvulsants, topical analgesics, IF unit, home exercise programs, chiropractic sessions, and physical therapy. Utilization review from September 25, 2013 denied the request for EMG/NCV of bilateral upper extremities because clinical examination did not reflect significant findings or progression of neurologic symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG UPPER LEFT EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Latest progress notes from March 26, 2013 reported constant burning left shoulder pain graded 6-7/10. However, physical examination findings do not suggest nerve entrapment in this case. In addition, MRI of the left shoulder done September 10, 2013 showed no evidence of possible nerve compromise. Furthermore, there was no reevaluation done on the patient since March 2013. Therefore, the request for EMG upper left extremity is not medically necessary.

**EMG UPPER RIGHT EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy on the left upper extremity, which persisted despite physical therapy. Latest progress notes show no significant complaints and physical examination findings pertaining to the right upper extremity. Performing an EMG for an unaffected limb is not medically necessary. Therefore, the request for EMG upper right extremity is not medically necessary.

**NCV UPPER LEFT EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate

radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy. Latest progress notes from March 26, 2013 reported constant burning left shoulder pain graded 6-7/10. However, physical examination findings do not suggest nerve entrapment in this case. Moreover, there were no previous equivocal EMGs done in the patient. MRI of the left shoulder done September 10, 2013 likewise showed no evidence of possible nerve compromise. Lastly, there was no reevaluation done on the patient since March 2013. Therefore, the request for NCV upper left extremity is not medically necessary.

**NCV UPPER RIGHT EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy on the left upper extremity, which persisted despite physical therapy. Latest progress notes show no significant complaints and physical examination findings pertaining to the right upper extremity. Performing NCV for an unaffected limb is not medically necessary. Therefore, the request for NCV upper right extremity is not medically necessary.