

<b>Case Number:</b>	CM14-0011831		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/30/2008
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, 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 50-year-old gentleman who was injured on 07/07/08 when a tractor tire hit his left shoulder. The records provided for review document that the claimant underwent left shoulder arthroscopic rotator cuff repair in February of 2009 followed by revision rotator cuff repair in May of 2009 and a third open rotator cuff repair in February of 2012. The progress report of 12/23/13 indicates persistent neck and left shoulder pain with radiating upper extremity complaints. Physical examination showed diminished cervical range of motion and hypoesthesia along the left arm, bicep tendon and subacromial bursa. There was restricted left shoulder range of motion with weakness. Based on the claimant's ongoing clinical findings, the recommendation was made for electrodiagnostic studies of the upper extremities. There is no indication that electrodiagnostic studies were previously performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE BILATERAL UPPER EXTREMITIES:** Overturned

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

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for electrodiagnostic studies (EMG) of the upper extremities is recommended as medically necessary. This individual has positive radicular findings on examination and documentation of failed conservative care dating back to time of injury in 2008. With evidence of a neuropathic component to the claimant's examination findings, the request for electrodiagnostic studies (EMG) of the upper extremities would be supported.

**NCV OF THE BILATERAL UPPER EXTREMITIES:** Overturned

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

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

**Decision rationale:** Based on California ACOEM Guidelines, electrodiagnostic studies (NCV) of the upper extremities would be supported. This individual has positive radicular findings on examination and documentation of failed conservative care dating back to time of injury in 2008. With evidence of a neuropathic component to the claimant's examination findings, the role of electrodiagnostic studies (NCV) of the upper extremities would be supported.