

<b>Case Number:</b>	CM14-0116092		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Physical Medicine & Rehabilitation and Pain 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 injured worker is a 48-year-old male who reported an injury on 11/05/2010. The mechanism of injury was noted as lifting up heavy pails. The injured worker's diagnoses included left shoulder adhesive capsulitis, status post left shoulder rotator cuff repair, superior labral, anterior and posterior (SLAP) lesion, left shoulder pain, and possibility of cervical radiculopathy. Other therapies included postoperative physical therapy. Diagnostic studies included an unofficial MRI of the left shoulder with contrast on 12/20/2013 that noted tear with retraction of the long head of biceps tendon, there was moderate tendonopathy throughout the supraspinatus and infraspinatus tendon with no obvious tear of the tendon, partial thickness tearing of the subscapularis tendon was noted; unofficial MRI of the left shoulder on 03/24/2011 noted marked thickening of the distal infraspinatus portion of the rotator cuff, partial tearing of the supraspinatus portion of the rotator cuff and there was a tear at the superior labra extending to the anterior labra. Surgical history included left shoulder arthroscopy on 08/18/2011. It was noted on the progress report dated 05/14/2014, the injured worker complained of persistent left shoulder and neck pain and reported shoulder pain was 8/10 in severity radiating to the left upper extremity. The injured worker reported difficulty with lifting and carrying objects with the left upper extremity and having persistent weakness associated with pain. The objective findings noted there was tenderness in the anterior aspects of the left shoulder. Range of motion revealed left shoulder abduction and forward flexion was 70 degrees, and muscle strength was 4-/5. Dysesthesia was noted to light touch in the left upper extremity, otherwise no gross changes were noted. Medications were not provided within the medical records. The provider requested an electromyography (EMG) and nerve conduction velocity (NCV) studies of the bilateral upper extremities. The rationale for the requested treatment plan was to rule out cervical radiculopathy

versus peripheral nerve entrapment in view of weakness in the left upper extremity. The Request for Authorization form was noted provided within the medical records submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Electromyography and Nerve Conduction Velocity Studies of the Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Worker's Compensation, Online Edition. Chapter: Neck and Upper Back; Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic Testing (EMG/NCV).

**Decision rationale:** The injured worker has a history of left shoulder pain that radiates to the left upper extremity and neck pain. The California MTUS/ACOEM Guidelines state that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The Official Disability Guidelines (ODG) recommends needle electromyography (EMG) or nerve conduction studies (NCS) depending on indications. EMG and NCS are generally accepted, well established, and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia) when testing is performed by a properly trained neurologist or physical medicine and rehabilitation physicians. The guidelines further state that in the low back chapter and neck chapter, it says NCS is not recommended, but EMG is recommended as an option to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The documentation provided noted the injured worker has complaints of left shoulder pain, and associated radiating symptoms to the upper left extremity. However, the documentation failed to provide any significant objective functional deficits to warrant further evaluation. Additionally, there is a lack of documentation to indicate failure of conservative care to include medications and physical methods to provide symptomatic relief and improve functional capacity to warrant electrodiagnostic testing. Also, there is a lack of documentation to indicate any subjective complaints of pain with associated radiating pain in the right upper extremity and any objective findings of the right upper extremity to warrant any electrodiagnostic testing. Based on the above, the decision for electromyography and nerve conduction velocity studies of the bilateral upper extremities is not medically necessary and appropriate.