

<b>Case Number:</b>	CM14-0126628		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50 year old male who reported an injury to his left upper extremity. A clinical note dated 08/04/14 indicated the injured worker complaining of tenderness at the left upper extremity. Exam of the left shoulder revealed findings consistent with internal derangement. A clinical note dated the injured worker had been utilizing Tramadol for ongoing pain relief. The injured worker was recommended to undergo physical therapy for the left shoulder. A clinical note dated 04/02/14 indicated the injured worker undergoing arthroscopic surgery on 03/11/14 at the left shoulder. The injured worker was doing well and underwent physical therapy. The operative report dated 03/11/14 indicated the injured worker undergoing arthroscopic debridement for partial rotator cuff tear and claviclectomy at the distal end of the clavicle and removal of loose bodies throughout the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of Bilateral Upper Extremities, Left Hand, Left Wrist, Left Shoulder, Left Elbow:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 178. Decision based on Non-MTUS Citation ACOEM Chapter 8 pg178

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The request for electrodiagnostic studies of the left upper extremity is not medically necessary. The injured worker underwent rotator cuff repair. The injured worker continued with complaints of pain in the left upper extremity. However, no information was submitted regarding neurological deficits consistent with radiculopathy. Therefore, it is unclear how the injured worker will benefit from electrodiagnostic studies at this time. Given this, the request is not indicated as medically necessary.

**EMG of Bilateral Upper Extremities, Left Hand, Left Wrist, Left Shoulder, Left Elbow:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The request for electrodiagnostic studies of the left upper extremity is not medically necessary. The injured worker underwent rotator cuff repair. The injured worker continued with complaints of pain in the left upper extremity. However, no information was submitted regarding neurological deficits consistent with radiculopathy. Therefore, it is unclear how the injured worker will benefit from electrodiagnostic studies at this time. Given this, the request is not indicated as medically necessary.