

<b>Case Number:</b>	CM14-0149613		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 56-year-old female claimant with an industrial injury dated 11/02/13. Exam note 06/12/14 states the patient returns with left shoulder pain. Upon physical exam there was no evidence of swelling. The patient demonstrated a decreased range of motion with a flexion of 150', and abduction of 120' both with pain. The patient had discomfort when asked to lift against resistance. Motor strength was noted as a 4/5. MRI is positive for changes of a primarily degenerative native. Diagnosis is noted as an acromioclavicular strain, derangement of the shoulder joint, and shoulder pain. Treatment includes a continuation of medications, activity modification, and an shoulder arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS to Left Upper Extremity Due to Numbness, Decreased ROM Post-Op, to be Done by Concentra In-House Physician:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel, Electrodiagnostic studies

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 6/12/14 to warrant NCS or EMG. Therefore, the request is not medically necessary.