

<b>Case Number:</b>	CM14-0163978		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 and Rehabilitation 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:

Medical Records reflect the claimant is a 59-year-old female who sustained an injury on 08/14/12 when she was grabbing a patient and lifting her off of the ground and she fell. She felt a sharp pull in her right shoulder. Initial MRI of the right shoulder in December 2012 revealed a rotator cuff tear. On 02/15/13, the patient underwent an arthroscopic rotator cuff repair. Postoperatively, after therapy she developed pain to her neck and down into the right hand. Repeat MRI revealed a re-rupture of the rotator cuff. On 09/27/13, the patient underwent right shoulder arthroscopy with bursectomy and repair of rotator cuff, synovectomy involving the anterosuperior/posterosuperior capsular compartment and resection of subacromial bursa. On 08/19/14, the provider noted complaints of increased right shoulder pain and discomfort keeping the patient up at night. The patient reported inability to sleep. The pain was extending to upper trapezius and neck. The patient was in tears with the current pain. She used sling and medications with minor relief. There was tenderness to palpation at the AC joint, positive impingement, Hawkin's and Neer's signs and limited shoulder ROM. There was tenderness to palpation and spasm in the upper trapezius with increase pain and stiffness with ROM. The patient reported tingling and numbness in the upper extremities. Crepitation and pain was noted at right rotator cuff. The diagnosis was right shoulder rotator cuff tear. Soma and Norco were refilled. [REDACTED] re-evaluated the patient last on 09/09/14. The patient reported pain was getting worse. Neck pain was radiating to the right arm with numbness, tingling, and burning sensation. Right shoulder with limited range-of-motion and weakness. Daily activities were limited due to pain and had increased pain at night-time unable to sleep. Physical examination noted positive upper extremity weakness, +4/5 decreased strength of the rotator cuff, positive impingement sign, positive Hawkins' test, positive Neer's, and pain at the rotator cuff. The range-of-motion was significantly limited. There were trapezius and rhomboid spasms on the right with

decreased range-of-motion and notation of hand swelling and discoloration. The patient was diagnosed with right shoulder impingement, rule out rotator cuff tear, radiculopathy, and CRPS. Recommended treatment was for an updated MRI of the right shoulder, 12 acupuncture visits, and EMG/NCS study of the bilateral upper extremities to evaluate radiculopathy, and consult to evaluate for CRPS.

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

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

**Twelve (12) Acupuncture visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. The request for 12 sessions exceeds current treatment recommendations without documentation as to why the claimant would require treatment that exceeds current treatment guidelines. Therefore, this request is not medically necessary.

**EMG/NCs (Electromyography / Nerve Conduction Studies) for 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, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation neck chapter - EMG/NCS

**Decision rationale:** ACOEM guidelines reflect that Needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. EMG is not recommended for claimants with subacute or chronic spine pain who do not have significant arm or leg pain, paresis or numbness. There is an absence in objective documentation to support a suspicion of a nerve entrapment or radiculopathy. Therefore, the medical necessity of this request is not established. ODG reflects that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for

performing nerve conduction studies when a claimant is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical Electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. There is an absence in objective documentation to support a suspicion of a nerve entrapment or radiculopathy. Therefore, the EMG/NCS (Electromyography/Nerve Conduction Studies) for bilateral upper extremities is not medically necessary.