

<b>Case Number:</b>	CM14-0184189		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/17/2003
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Emergency 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:

This case involves an injured worker with date of injury on 4/17/2003. Mechanism of injury was described as a fall backwards while trying to sit on a chair. The patient has a diagnosis of shoulder pain. The patient is post left rotator cuff and clavicle surgery on 1/24/04 and another surgery in 10/29/12. Medical reports reviewed and last report available was until 10/29/14. The patient complains of bilateral shoulder pain which is reportedly worsening. Pain radiates down arms and weakness is noted, such as difficulty opening jars. Objective exam of cervical spine reveals limited range of motion (ROM) and tenderness to paraspinal muscles, and left trapezius spasms. Spurling's causes pain but no radicular symptoms. Left shoulder exam reveals surgical scar; mild-moderate limited ROM with normal internal rotation; Hawkins, Neer, lift-off test positive; and tenderness to acromioclavicular (AC) joint. Neurological exam reveals generalized bilateral mild weakness especially with grip of 4/5 bilaterally; and decreased light touch to medial hand and forearm on left side. Notes mention the patient had cortisone shot 1 year prior that provided minimal relief. Has had reported 3 physical (PT) sessions post-surgery and "more" under private insurance. Note on 9/22/14 report, provides rationale for EMG/NCV as "to rule out cervical spine radiculopathy vs. peripheral nerve entrapment..." and steroid injection was to improve pain, decrease need for medications and improve function. No imaging or electrodiagnostic reports were provided for review. Current medications include Senna, Colace, Celebrex, Lexapro, Ambien, Soma, Norco, Pennsaid, Voltran and Flector. The patient has physical therapy although did not complete it. It was also noted that the patient had chiropractic and medication treatment. Independent Medical Review is for EMG (electromyography) an NCS (Nerve Conduction study) of left upper extremity and left AC joint injection. Prior UR on 10/31/14 recommended non-certification.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCS (nerve conduction study) of the left upper extremity:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Nerve Conduction Studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182; 272.

**Decision rationale:** EMG and NCV are two different studies testing for different pathologies. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam are consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. In this case, there is no documentation or rationale about why testing is requested for a chronic condition. There is no documentation consistent with nerve dysfunction or entrapment with bilateral shoulder complaints and weakness. There is lack of documentation stating the patient has tried and failed conservative care. No imaging was provided that supports nerve root dysfunction. Therefore, this request is not medically necessary.

**1 left AC joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

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

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines does not have any sections that relate to this topic. As per Official Disability Guidelines (ODG) recommend shoulder steroid injection only after failure of conservative therapy and plan for pain control to allow continuation of medical management. The patient does not meet these criteria and there has not been an adequate attempt at conservative management. Therefore, this request is not medically necessary.