

<b>Case Number:</b>	CM14-0041540		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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 56 year old male who sustained an injury to his left shoulder on 07/25/12 when he tripped and fell over a tree branch, falling into a ditch and landing on his left shoulder. Magnetic resonance image of the left shoulder dated 09/28/12 revealed full thickness tear of the supraspinatus and infraspinatus tendon, marked retraction and atrophy, positive labral lesion, or tear of the biceps anchor and high riding femoral head with mild degenerative changes. The injured worker ultimately underwent left shoulder arthroscopy dated 11/26/12 that found a massive rotator cuff tear, fraying of the biceps tendon and mild chondromalacia of the glenoid. A partial tear repair was performed, followed by a subacromial decompression, debridement and synovectomy. The injured worker completed a regimen of post-operative physical therapy consisting of 8 visits and as of 05/16/13, the injured worker was considered to be at maximum medical improvement for his left shoulder condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG).

**Decision rationale:** The request for an electromyogram (EMG) of bilateral upper extremities is not medically necessary. The previous request was denied on the basis that there were limited findings suggesting any nerve entrapment at the level of the shoulder. Without further detailed information, medical necessity of the request cannot be established. The Official Disability Guidelines recommends electrodiagnostic testing for thoracic outlet syndrome but EMG or nerve conduction velocity (NCV) studies are not recommended as part of a shoulder evaluation for usual diagnoses. Furthermore, there was no indication in the records provided that the injured worker complained of any right shoulder pathology. Given this, the request for EMG of bilaterally upper extremities is not indicated as medically necessary.