

<b>Case Number:</b>	CM14-0051994		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Family 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 is a 50 year old male patient who reported an industrial injury to the left shoulder on 7/18/2013, 14 months ago, attributed to the performance of customary job tasks. It was noted by the PTP that the orthopedic consultant requested a repeated MRI of the left shoulder and repeated Electrodiagnostic studies to the left upper extremity (LUE) with a recommendation for surgical intervention to the shoulder. The diagnosis was glenoid labrum tear; left shoulder dislocation; nerve impingement and medical epicondylitis. The prior MRI of the shoulder documented evidence of a prior dislocation and greater tuberosity fracture. The electromyography (EMG) dated 9/2013 documented damage to the axillary nerve. The patient complained of left shoulder pain, stiffness, weakness, and an inability to raise his arm. The patient was prescribed Vicodin; NSAIDs; and physical therapy. The objective findings on examination documented limited range of motion to the shoulder; muscle strength 5/5. The treatment recommendation included possible surgical intervention; a repeated MRI of the left shoulder; and repeated EMG studies of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Electromyography (EMG) of the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261, 303, 301, 298, 48, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back-- electromyography; Carpal tunnel syndrome--EDS.

**Decision rationale:** The patient was requested to have a repeated EMG of the left upper extremity directed to the diagnosis of left shoulder dislocation and labrum tear is not supported with a rationale or objective evidence. The patient had an EMG six months prior to the request for a repeated EMG. There were no documented interval changes to the neurological status of the patient in relation to the LUE. There is no documentation of any new neurological deficits to the LUE. The prior EMG documented damage to the axillary nerve. There were no noted new neurological deficits to the LUE in addition to the cited mechanism of injury. The objective findings on examination as documented were limited to the tenderness with palpation and restricted range of motion. There were no new complaints to the LUE other than subjective complaints and there were no documented objective findings to the LUE that included sensory or motor deficits. There were no peripheral neurological findings or motor/sensory deficits along a dermatomal distribution that would meet the criteria for the authorization of Electrodiagnostic studies of the LUE for an evaluation of a nerve compression neuropathy or radiculopathy. The EMG of the LUE was ordered as a screening test. The request for the authorization of the EMG of the left upper extremity was not supported with any objective clinical findings that demonstrate a neurological deficit or change in neurological status to the LUE in relation to the date of injury. There was no demonstrated medical necessity for the requested repeated EMG of the LUE subsequent to the prior EMG six (6) months earlier. Therefore the request is not medically necessary.