

<b>Case Number:</b>	CM14-0075774		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Neurology and is licensed to practice in Texas, Massachusetts, and Ohio. 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 59-year-old female who reported an injury on 04/20/2013 after pushing a mop which reportedly caused an injury to her right shoulder. The injured worker's treatment history included physical therapy, medications, and surgical intervention. The injured worker was evaluated on 04/03/2014. It was noted that the injured worker had persistent right shoulder pain complaints rated at 7/10 that was exacerbated with use. Physical findings included tenderness to the right shoulder with restricted range of motion secondary to pain and a positive impingement sign. The injured worker's diagnoses included right shoulder pain status post rotator cuff repair, right shoulder adhesive capsulitis, and an electrodiagnostic study to rule out brachial plexus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested EMG for the bilateral upper extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for a more precise delineation between cervical radiculopathy and peripheral nerve impingement. The clinical documentation does indicate that this electrodiagnostic study is being ordered to rule out brachial plexus. However, the clinical documentation submitted for review does not provide any evidence of symptoms consistent with a brachial plexus injury. There is no documentation of loss of sensation, significant muscle weakness, complaints of numbness and burning. The physical findings are consistent with the injured worker's diagnoses of adhesive capsulitis. Therefore, the need for an electrodiagnostic study is not clearly supported by the documentation. As such, the requested EMG of the bilateral upper extremities are not medically necessary or appropriate.

**NCV Bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested NCV for the bilateral upper extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for a more precise delineation between cervical radiculopathy and peripheral nerve impingement. The clinical documentation does indicate that this electrodiagnostic study is being ordered to rule out brachial plexus. However, the clinical documentation submitted for review does not provide any evidence of symptoms consistent with a brachial plexus injury. There is no documentation of loss of sensation, significant muscle weakness, complaints of numbness and burning. The physical findings are consistent with the injured worker's diagnoses of adhesive capsulitis. Therefore, the need for an electrodiagnostic study is not clearly supported by the documentation. As such, the requested NCV of the bilateral upper extremities are not medically necessary or appropriate.