

Case Number:	CM13-0061931		
Date Assigned:	12/30/2013	Date of Injury:	12/05/2012
Decision Date:	01/28/2015	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 5, 2012. In a Utilization Review Report dated November 26, 2013, the claims administrator failed to approve a request for electrodiagnostic testing of the left upper extremity. The claims administrator stated that its decision was based on non-MTUS Third Edition ACOEM Guidelines. Said guidelines, were not, however, incorporated into the body or text of the report. The claims administrator incidentally noted that the applicant was status post a right shoulder arthroscopy. The claims administrator referenced an October 28, 2013 progress note in which it was stated that the applicant's symptoms were all confined to the right upper extremity and that the applicant did not have any symptoms involving the left upper extremity. The applicant's attorney subsequently appealed. In a May 6, 2013 progress note, the applicant reported 7/10 right shoulder pain. Right shoulder surgery was pending. The applicant was given a diagnosis of right shoulder acromioclavicular osteoarthropathy with right shoulder tear. Lortab, postoperative physical therapy, Naprosyn, and Protonix were endorsed. On May 13, 2013, the applicant underwent a right shoulder mini open rotator cuff repair, arthroscopic subacromial decompression, partial distal claviclectomy, and arthroscopic synovectomy-bursectomy. On August 18, 2014, the applicant reported ongoing complaints of right shoulder pain and right knee pain. A pain management consultation for the shoulder was endorsed. On October 28, 2013, the applicant reported ongoing complaints of burning pain about the shoulder. The note was difficult to follow and highly templated in some areas. The applicant was using Norco and cyclobenzaprine for pain relief. The applicant was described as status post right shoulder arthroscopy in May 2013. Hyperalgesias and hyperesthesias were appreciated about the right shoulder on exam with 4/5 right upper extremity strength also evident. The applicant was given

work restrictions which the attending provider acknowledged the applicant's employer was unable to accommodate, resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG NCV of the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): TABLE 9-6, PAGE 213; TABLE 11-7, PAGE 272.

Decision rationale: No, the request for EMG-NCV testing of the left upper extremity is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, EMG or NCV studies are "not recommended" as part of shoulder evaluation for usual diagnoses. In this case, it was not clearly stated for what purpose the EMG-NCV of the left upper extremity was sought. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is "not recommended." In this case, the applicant, based on progress notes both before and after the Utilization Review Report, is seemingly asymptomatic insofar as the left upper extremity is concerned. All of the applicant's symptoms appear confined to the symptomatic right upper extremity, arguing against the need for electrodiagnostic testing of the seemingly asymptomatic left upper extremity. Therefore, the request is not medically necessary.