

<b>Case Number:</b>	CM14-0190301		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/18/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year-old female who sustained an industrial injury on 06/18/11. She reported left shoulder pain, low back pain, and right leg/knee pain after standing for hours and lifting. Initial diagnosis is unavailable. The injured worker is currently status post right shoulder arthroscopy with acromioplasty and debridement performed 04/04/13. Diagnostic tests to date include MRI of the lumbar spine 08/2014 which showed early disk desiccation at the L2-3 and L3-4 levels with facet hypertrophy at the L3-L5 levels; there was a 1.9-mm disk protrusion at the L2-3 level and a 3-mm disk protrusion at the L3-4 level. MRI of the right shoulder showed osteoarthritis of the AC joint with supraspinatus tendinosis near its insertion on the greater tuberosity of the humerus in the right shoulder. MRI of the left shoulder showed distal supraspinatus tendinosis. Treatments have included topical and oral pain medications, chiropractic therapy, and a TENS unit. In a progress note dated 09/25/14, the injured worker reports right and left shoulder pain, and back pain that radiates down to the right leg with numbness. Physical exam revealed she is able to forward elevate both shoulders to 135 degrees. Strength is 5 minus/5, externally rotated 60 degrees on the right shoulder. There is minimal Neer's and Hawkins impingement sign. There is positive O'Brien's testing. Left shoulder, mild Neer's and Hawkins impingement sign. Plus minus O'Brien's testing. She has low back pain, mild straight leg testing, positive on the right leg. Radiographic imaging of the shoulder, hand, knee, and back did not show any acute fracture or dislocation. Treatment recommendation includes right shoulder MRI arthrogram, and bilateral upper and lower extremity EMG. She is under total temporary disability. Date of Utilization Review: 11/05/14

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, only with continued chronic pain with exam findings of limited range without neurological deficits. Submitted reports have not demonstrated specific positive imaging study with specific consistent myotomal or dermatomal correlation to support for these electro diagnostic studies. The EMG of the left lower extremity is not medically necessary and appropriate.