

Case Number:	CM14-0194165		
Date Assigned:	12/01/2014	Date of Injury:	06/06/2011
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal 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 patient is an injured worker with a history of left shoulder rotator cuff repair surgery and left upper extremity complaints. The patient sustained a work related injury on June 6, 2011 to her lower back, left ankle and left shoulder when she was struck by a freezer door. Left shoulder rotator cuff repair was performed on February 1, 2012. The primary treating physician's progress report dated 10/08/2014 documented subjective complaints of back, shoulder, and ankle pain. She continues to have numbness, tingling, and pain down the left lower extremity since the left shoulder surgery. She stopped all her medications. She states her daily pain on the shoulder is about an 8/10 on a 1 to 10 scale. With activity, it can get down to about a 5/10. She just rests and ices it. The low back pain is a 7/10 and is fairly constant, but it can get down to a 5/10 or 6/10 if she rests and stretches and ices her back as well. Objective findings were documented. Ongoing tenderness to her lumbar paraspinal muscles was noted. Neurologically, she is intact. She has almost full range of motion of the left shoulder. She is complaining of numbness and tingling along the ulnar side of the arm with numbness to the second through fifth digits. Diagnosis included chronic mid-lumbar pain. MRI magnetic resonance imaging from 03/12/2010 showed small posterior protruding disk at L4-L5, and facet arthropathies worse on the right side at L4-L5-S1. Left ankle pain was improved. MRI magnetic resonance imaging report from December 2011 showing no acute fracture or dislocation, fluid within the common peroneal tendon sheath compatible with tenosynovitis but without a peroneal tendon tear and possible history of remote prior high ankle sprain. The patient is status post left shoulder rotator cuff repair surgery on 02/01/2012. MRI magnetic resonance imaging of the left shoulder dated 08/19/2013 shows tendinosis as a result of chronic impingement. Radiofrequency ablation left L3, L4, L5 was performed on 06/22/2012 without much benefit. Treatment plan was documented. Electromyography (EMG) and nerve conduction velocity (NCV) of the left upper

extremity was requested on 10/08/14. The patient is having ongoing numbness and tingling since her shoulder surgery repair in 2012 which is getting progressively worse. Utilization review determination date was 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left upper extremity EMG/NCV: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS-ACOEM (2009) Chapter 8; Electromyography (EMG) and nerve conduction velocities (NCV)

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

Decision rationale: Guidelines indicate that EMG or NCV studies as part of a shoulder evaluation for detection of physiologic abnormalities is not recommended. Medical records document that left shoulder rotator cuff repair surgery was performed on February 1, 2012. The primary treating physician's progress report dated 10/08/14 documented that neurologically, the examination was intact. Left shoulder had almost full range of motion. No objective evidence of neurologic abnormality was documented on physical examination. Per ACOEM, EMG or NCV studies as part of a shoulder evaluation for detection of physiologic abnormalities is not recommended. Therefore, the request for electromyography (EMG) and nerve conduction velocity (NCV) studies is not is not medically necessary.