

<b>Case Number:</b>	CM15-0018978		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Arizona, California, Florida  
Certification(s)/Specialty: Family Practice

### 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 32-year-old female who reported an injury on 03/28/2011. The mechanism of injury was lifting heavy boxes. The documentation of 02/03/2015 revealed the injured worker had complaints of left shoulder pain. The injured worker was noted to undergo an MRI of the shoulder. The injured worker underwent physical therapy and possibly a subacromial injection. The physical examination revealed positive Speed's, Yergason's, O'Brien's, Neer's, and Hawkins tests. The rotator cuff strength was 5/5 with only slight resistance for supraspinatus and infraspinatus. The injured worker had 4/5 for subscapularis with slight pain to resistance. There was a palpable pop in the shoulder with internal and external rotation. The MRI results a type 2 acromion with moderate arthritic changes in the AC joint. The injured worker had a large spur off the distal clavicle that was inferiorly directed. It appeared to have a mass effect on the supraspinatus muscle. The rotator cuff had some tendinopathy changes, but no discrete tear noted. The injured worker had some mild subacromial fluid consistent with bursitis. The biceps anchor complex was intact. There was no evidence of significant tearing. There was noted to be a possibility of a small signal change in the superior labrum, most likely due to a normal variant and the injured worker had some fluid signal around the biceps tendon within the groove. The diagnoses included left shoulder impingement and biceps tenosynovitis. The treatment plan included surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 EMG / NCS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 178; 212.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that electromyography and nerve conduction velocities, including H reflex tests, may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The clinical documentation submitted for review failed to provide a documented rationale for the request. There was a lack of documentation indicating whether the request was for upper or lower extremities and for unilateral or bilateral extremities. As most of the documentation was for the upper extremities, there was application of the upper extremities guidelines. Given the above, and the lack of clarification, the request for 1 EMG/NCS is not medically necessary.