

<b>Case Number:</b>	CM15-0130286		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: California

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 47 year old male who sustained a work related injury January 27, 2014. According to a primary treating physician's follow-up report, dated June 2, 2015, the injured worker presented with increasing right shoulder pain, rated 9 out of 10, with reported decrease range of motion involving the right shoulder. He reports failed recent treatment including; physical therapy, non-steroidal anti-inflammatory drugs, ice, and injection into subacromial space. He declines surgery. He complains of cervical pain with right greater than left upper extremity symptoms, rated 6 out of 10 and left shoulder pain, rated 5 out of 10. There is low back pain, rated 5 out of 10 with intermittent lower extremity symptoms and vision issues not described. Objective findings included tenderness of the lumbar spine with range of motion, flexion 40 degrees, extension 35 degrees, left and right lateral tilt 35 degrees and left and right rotation 30 degrees. There is a positive straight leg raise with pain to foot at 35 degrees and left for pain to distal calf at 40 degrees. There is diminished sensation, right greater than left, L5 and S1 dermatomal distributions. Thoracic spine tender and range of motion is limited. An upper extremity nerve conduction report, dated May 29, 2015,(report present in the medical record)revealed mild to moderate bilateral carpal tunnel syndrome affecting both motor and sensory fibers. Diagnoses are right shoulder calcific tendinitis infraspinatus and supraspinatus; impingement right shoulder; protrusion L5-S1 with neural encroachment and radiculopathy; protrusion L1-2 and L2-3; cervical myofascial pain rule out cervical radiculopathy; vision issues uncertain etiology. Treatment plan included discussion for possible surgery right shoulder, shockwave therapy right shoulder, neurological consultation, possible post-concussion

syndrome, and at issue, a request for authorization of electromyography nerve conduction studies of the bilateral lower extremities. The injured worker had previously undergone electrodiagnostic studies on 12/10/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Electromyography/Nerve Conduction Studies (EMG/NCV) of the Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The medical records note that the injured worker had previously undergone electrodiagnostic studies. However, in the absence of progressive neurologic studies, the request for repeat imaging would not be supported. The request for Electromyography/Nerve Conduction Studies (EMG/NCV) of the Bilateral Lower Extremities would therefore not be medically necessary and appropriate.