

<b>Case Number:</b>	CM15-0149724		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 27-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 9, 2012. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of the right upper extremity and 12 sessions of physical therapy. A six-session partial approval for physical therapy was issued. The claims administrator referenced a July 6, 2015 progress note in its determination. The claims administrator noted that the applicant had undergone an arthroscopic labral repair procedure on September 2, 2014. The claims administrator stated that the applicant had completed at least 26 sessions of physical therapy, per its record. On an RFA form of August 3, 2015, Percocet, Elavil, and Flexeril were sought. On July 6, 2015, the applicant reported ongoing complaints of shoulder pain status post earlier labral repair surgery. 12 sessions of physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. The applicant exhibited 4+/5 shoulder strength. Some tingling about the top of applicant's hand was reported. Electrodiagnostic testing of the right upper extremity was sought to rule out a peripheral neuropathy. The attending provider gave the applicant diagnoses of shoulder pain status post earlier flap repair and scapular dyskinesia. The requesting provider was a shoulder surgeon. The requesting provider acknowledged that the applicant had normal neurologic examination. The requesting provider stated that he was planning to move the applicant toward permanent and stationary status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Right upper extremity Qty: 1.00: Upheld**

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

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

**Decision rationale:** No, the request for EMG testing of the right upper extremity was 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 deemed "not recommended" as part of the shoulder evaluation for usual diagnoses. Here, the requesting provider, a shoulder surgeon, gave the applicant diagnoses of shoulder pain status post revision labral repair surgery and scapular dyskinesia on the July 6, 2015 office visit on which the EMG was requested. The requesting provider also stated that he was ordering the EMG testing to "rule out" a peripheral neuropathy. The requesting provider did not state why he is suspected peripheral neuropathy. There was no mention of the applicant's carrying a diagnosis such as diabetes, hyperthyroidism, alcoholism, etc., which would have heightened the applicant's predisposition toward development of peripheral neuropathy. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of NCV or EMG testing in the diagnostic evaluation of nerve entrapment is deemed "not recommended." Here, the attending provider's request for EMG testing without a clear differential diagnosis list and without any clearly formed intention of acting on the results of the same, thus, strongly suggested that the testing in question was in fact being ordered for routine evaluation purposes. Therefore, the request was not medically necessary.

**NCV right upper extremity Qty: 1.00: Upheld**

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

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

**Decision rationale:** Similarly, the request for nerve conduction testing of the right upper extremity was likewise 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 testing are deemed "not recommended" as part of a shoulder evaluation for usual diagnoses. Here, the requesting provider, a shoulder surgeon, did not outline a clear rationale for pursuit of NCV testing following multiple prior shoulder surgeries on the date of the request, July 6, 2015. Rather, the attending provider stated that he was ordering NCV testing to "rule out" peripheral neuropathy. The requesting provider did not state why a peripheral neuropathic process was suspected but, rather, stated that the testing in question would help him move the applicant's case toward permanent and stationary status. The MTUS Guideline in ACOEM Chapter 11, Table

11-7, page 272 notes that routine usage of the EMG or NCV testing in the routine evaluation of nerve entrapment is deemed "not recommended." Here, ordering EMG-NCV testing without any clearly formed intention of acting on the results of the same did suggest that the tests were being ordered for routine evaluation purposes. Therefore, the request was not medically necessary.

**Physical Therapy Qty: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

**Decision rationale:** Finally, the request for an additional 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the six-month postsurgical physical medicine treatment established in MTUS 9792.24.3 following earlier shoulder surgery on September 2, 2014 as of the date of the request, July 6, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. The 12-session course of physical therapy at issue, thus, in and of itself, represents treatment in excess of the 9-to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, as of the date of the request, July 6, 2015, suggesting a lack of functional improvement as defined in MTUS 9792.20e despite receipt of at least 26 sessions of physical therapy over the course of claim, per the claims administrator. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.