

<b>Case Number:</b>	CM15-0186151		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 58 year old female who sustained an industrial injury May 2, 2012. Past history included status post right shoulder arthroscopic rotator cuff repair and acromioplasty, 2014 and carpal tunnel release (unspecified date). According to a treating physician's progress report dated August 14, 2015, the injured worker presented with complaints of gradual worsening right shoulder pain-anterior and lateral, activity related. She rated her pain 3-8 out of 10, and is worse with reaching up, pushing and pulling. She has difficulties with driving, opening and closing doors, and pulling up her pants. She takes ibuprofen almost every day. Physical examination revealed; undocumented weight loss; good anterior flexion and abduction in the right shoulder but limited internal rotation associated with discomfort; mild tenderness over long head of the biceps and lateral acromion; some giving way weakness in the proximal muscles on the right; full grip strength; normal sensory exam; hypersensitivity to light touch in C6 dermatome; no muscle atrophy. Diagnoses are persistent right shoulder pain; right upper extremity repetitive overuse syndrome. The physician documented she is in agreement with a surgeon who evaluated the injured worker a week ago and needs to rule out any evidence of brachial plexopathy or cervical radiculopathy. Treatment plan included to continue with ibuprofen as needed only, well established home exercise program, and avoid aggravating activities. At issue, is a request for authorization dated August 14, 2015, for an EMG, right upper extremities and an MRI without contrast, right shoulder. According to utilization review dated September 3, 2015, the request for an MRI without contrast right shoulder is non-certified. The request for an EMG (electromyography), right upper extremity is non-certified.

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

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

**MRI (magnetic resonance imaging) without contrast for the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

**Decision rationale:** Based on the 8/14/15 progress report provided by the treating physician, this patient presents with worsening right shoulder pain, activity-related, involving anterior/lateral shoulder, rated 3-8/10 on VAS scale. The treater has asked for MRI (magnetic resonance imaging) without contrast for the right shoulder on 8/14/15. The request for authorization was not included in provided reports. The patient states the shoulder pain worsens with reaching up, pushing, and pulling per 8/14/15 report. The patient has difficulty with simple activities of daily living such as driving, opening/closing doors, and even pulling up her pants per 8/14/15 report. The patient takes Ibuprofen almost daily per 8/14/15 report. The patient has recently lost weight per 8/14/15 report. The patient is s/p right shoulder arthroscopic rotator cuff tear and acromioplasty from May 2014 per 8/14/15 report. The patient's work status is permanent and stationary as of 8/5/15 report. ACOEM Guidelines has the following regarding shoulder MRI on Chapter 9, pages 207 and 208: "routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging: Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" The patient was seen by an orthopedic surgeon on 8/5/15 who recommended MRI of right shoulder "to rule out recurrent rotator cuff pathology." The treating physician also agreed with the surgeon that a "new MRI of right shoulder is required" to rule out any evidence of brachial plexopathy or cervical radiculopathy" per requesting 8/14/15 report. The utilization review letter dated 9/3/15 denies request due to lack of documentation of significant clinical change or deterioration. However, the patient is more than 14 months s/p right shoulder surgery, with ongoing deficits and worsening pain. Therefore, the request IS medically necessary.

**EMG (electromyogram) right upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter under EMG.

**Decision rationale:** Based on the 8/14/15 progress report provided by the treating physician, this patient presents with worsening right shoulder pain, activity-related, involving anterior/lateral shoulder, rated 3-8/10 on VAS scale. The treater has asked for EMG (electromyogram) right upper extremities on 8/14/15. The request for authorization was not included in provided reports. The patient states the shoulder pain worsens with reaching up, pushing, and pulling per 8/14/15 report. The patient has difficulty with simple activities of daily living such as driving, opening/closing doors, and even pulling up her pants per 8/14/15 report. The patient takes Ibuprofen almost daily per 8/14/15 report. The patient has recently lost weight per 8/14/15 report. The patient is s/p right shoulder arthroscopic rotator cuff tear and acromioplasty from May 2014 per 8/14/15 report. The patient's work status is permanent and stationary as of 8/5/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter under EMG states "recommended as an option in select cases." ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary. Review of the reports do not show any evidence of EMG of the right upper extremity being done in the past. The patient was seen by an orthopedic surgeon on 8/5/15 who recommended EMG of right upper extremity "secondary to paresthesias." The treating physician also agreed with the surgeon regarding necessity of "electrodiagnostic studies to rule out any evidence of brachial plexopathy or cervical radiculopathy" per requesting 8/14/15 report. The utilization review letter dated 9/3/15 denies request due to lack of physical exam findings confirming radiculopathy. In this case, given the patient's persistent right shoulder symptoms 14 months post right shoulder surgery and lack of any recent electrodiagnostic studies, the request for an EMG of right upper extremity for further investigation is in accordance with guidelines. The request IS medically necessary.