

<b>Case Number:</b>	CM15-0029848		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/17/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 34 year old male who sustained an industrial injury on 5/17/14. The injured worker reported symptoms in the right shoulder. The diagnoses included shoulder pain, rotator cuff sprain/strain, rotator cuff syndrome and disorders, cervicothoracic sprain/strain and neuritis, right arm. Treatments to date include activity modification, chiropractic treatment, status post right shoulder arthroscopy, physical therapy, oral pain medications. In a progress note dated 1/27/15 the treating provider reports the injured worker was with "right shoulder pain...restricted motion...right shoulder weakness...increased pain that extends down the right arm to the right elbow." On 2/5/15 Utilization Review non-certified the request for Neurodiagnostic study of the upper extremity. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurodiagnostic study of the upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, neurodiagnostic studies bilateral upper extremities are not medically necessary. The ACOEM states (Chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, and the injured worker's working diagnoses are shoulder pain (postoperative August 27, 2014): rotator cuff sprain/strain; rotator cuff syndrome and disorders; cervical-thoracic sprain/strain; and neuritis right arm. The Request for Authorization coincides with a January 27, 2015 progress note. Subjectively, the injured worker complains of restricted range of motion, pain with range of motion, right arm weakness and heaviness, right upper back pain. The injured worker has numbness in the right side of the face that waxes and wanes. Objectively, there is a detailed musculoskeletal examination, however, there is no neurologic evaluation. The documentation does not contain subjective or objective findings of radiculopathy or neuropathy. Consequently, absent clinical documentation of radiculopathy and or neuropathic signs and symptoms, neurodiagnostic studies of the bilateral upper extremities are not medically necessary.