

<b>Case Number:</b>	CM15-0035977		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Arizona

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 44-year-old female who reported injury on 08/11/2013. The mechanism of injury was the injured worker was working in the airport lifting bags and heard a pop in the shoulder and had immediate pain. The injured worker underwent a left shoulder arthroscopy with a debridement on 06/19/2014. Prior therapies included physical therapy, acupuncture, an epidural steroid injection and postoperative physical therapy as well as a home exercise program. The documentation of 01/14/2015 revealed the injured worker had stiffness with associated numbness. The injured worker indicated she was unable to bend her arm backwards or made sudden movements. The physical examination of the left shoulder revealed no abrasions, lacerations or skin breakdown. There was mild tenderness to palpation over the anterior shoulder. There was no skin hypersensitivity. The Neer and Hawkin's test were positive. The strength was 5/5. There was decreased sensation over the left lateral deltoid to the mid forearm. The injured worker had 2+ biceps, brachial radialis and triceps reflexes. The injured worker was noted to have undergone an MRI of the left shoulder on 10/18/2013. The diagnoses included rotator cuff tear, left shoulder impingement and rule out AC joint DJD. The treatment plan included advancement of activities and an EMG/NCS of the bilateral upper extremities to evaluate the new onset of numbness into the left upper extremity. The new onset was noted to be x1 month. The medications included ibuprofen 600 mg #90 with 1 tablet 3 times a day as needed pain and inflammation. There was Request for Authorization for the requested testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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 states that Electromyography (EMG), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There was a lack of documentation of a failure of conservative care. There was a lack of documentation of symptomatology and objective findings regarding the right upper extremity to support the necessity for an EMG in the right upper extremity. Given the above, the request for EMG right upper extremity is not medically necessary.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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 states that nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to provide documentation of complaints of a neuropathic nature in the right upper extremity. There was a lack of documentation of objective findings of neuropathy on the right upper extremity. Given the above and the lack of documentation indicating a necessity for both an EMG and nerve conduction velocity, the request for NCV right upper extremity is not medically necessary.

**EMG left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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 states that Electromyography (EMG), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There was a lack of

documentation of a failure of conservative care. There was a lack of documentation of specific myotomal and dermatomal findings to support the necessity for an EMG of the left upper extremity. Given the above, the request for EMG left upper extremity is not medically necessary.