

<b>Case Number:</b>	CM14-0165947		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 7/24/11. A utilization review determination dated 10/1/14 recommends non-certification of MR arthrogram left shoulder and EMG/NCS BUE as the patient has a history of surgeries for the shoulder and elbow with what appears to be residual deficits with no indication of progression since the prior surgeries. 9/3/14 medical report identifies a history of left shoulder rotator cuff repair and decompression in 2011 and right elbow surgery for ulnar neuropathy in 2013. There is also a history of neck surgery in 1985 and 1995, right shoulder rotator cuff repair in 1997, and bilateral carpal tunnel surgery in 1971 and 1993. An orthopedic surgeon saw the patient in 2013 and recommended reoperation of the left shoulder. There are complaints of pain in the shoulders radiating to the elbows and hands with popping, clicking, and grinding. There is upper extremity numbness and tingling. On exam, there is significantly limited shoulder range of motion (ROM) bilaterally, although no differentiation between active and passive ROM is made. Drop arm test is positive on the left. Tinel's is positive at the right elbow. Sensation is decreased in the right C7-8 with positive Hoffmann's on the left. Strength is decreased in all cervical dermatomes on the right. There is atrophy in the right hand and fingers with a claw hand noted. Previous electrodiagnostic testing was said to have been performed in January of 2013 and showed severe right ulnar proximal neuropathy above the elbow, severe right carpal tunnel syndrome (CTS), and right chronic C6-7 radiculopathy. Recommendations include MR arthrogram of the left shoulder to rule out rotator cuff tear and EMG/NCS of the bilateral upper extremities (BUE) to rule out peripheral neuropathy versus radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR arthrogram left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, MR arthrogram

**Decision rationale:** Regarding the request for MR arthrogram, CA MTUS does not specifically address the issue. ODG cites that it is recommended "as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram is performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients... If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended... The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface." Within the documentation available for review, the patient is noted to have a history of left shoulder surgery with ongoing symptoms. Documentation does not clearly identify progressive worsening of the shoulder versus residual complaints present since the prior surgery. Furthermore, when seen by orthopedics in 2013, the patient was recommended for reoperation of the shoulder, and there is no clear rationale identifying the medical necessity of MR arthrogram after pain management consultation given all of the above and in the absence of any symptoms/findings suggestive of labral pathology. Furthermore, there is no statement identifying how the results of such a study would potentially change the patient's treatment plan given that orthopedics had previously recommended surgery. In the absence of clarity regarding the above issues, the currently requested MR arthrogram is not medically necessary.

**EMG/NCS of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-182. Decision based on Non-MTUS Citation Official Disability Guidelines Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

**Decision rationale:** Regarding the request for EMG/NCS of bilateral upper extremities, CA MTUS and ACOEM state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, the patient has a history of multiple cervical spine, elbow, and wrist surgeries for

various neurologic conditions. An electrodiagnostic study from 2013 was said to demonstrate severe right ulnar proximal neuropathy above the elbow, severe right CTS, and right chronic C6-7 radiculopathy. Given the fairly recent EDS findings and the presence of physical exam findings including multiple positive neurologic findings and the presence of a claw hand, there is no clear rationale for why an updated test would be expected to provide additional findings or how they would potentially alter the appropriate treatment plan for this patient. In the absence of such documentation, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.