MAXIMUS Federal Services

| Case Number: | CM14-0213609 | | |
|---|---|---|---|
| Date Assigned: | 12/31/2014 | Date of Injury: | 05/03/2007 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

## 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. 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 & Rehabn

## 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 patient is a 65-year-old female with date of injury of 05/03/2007. The listed diagnosis from 11/10/2014 is rotator cuff (capsule) sprain, worse. According to this report, the patient complains of right shoulder pain. She has been having pain as well as tingling sensation radiating into her biceps. The examination shows right shoulder previously healed portals. No other findings were noted on this report. Treatment reports from 01/24/2014 to 11/10/2014 were provided for review. The utilization review denied the request on 12/12/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on EMG/NCS.

**Decision rationale:** This patient presents with right shoulder pain. The treater is requesting ELECTROMYOGRAPHY AT THE BILATERAL UPPER EXTREMITIES. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any previous electromyography of the bilateral upper extremities. The QME report from 01/23/2014 shows weakness bilaterally rated at 4/5 for forward flexion, abduction, internal rotation, external rotation, adduction, and extension in the bilateral shoulders. There is tenderness to palpation at the acromial clavicular joints and subacromial regions anteriorly. Tenderness to palpation at the palmar aspect of the right ring finger 4th metacarpophalangeal joint with slight triggering, but no locking. The treater is requesting electromyography of the bilateral upper extremities to rule out cervical radiculopathy. In this case, given the patient's radiating symptoms, the request is supported by the guidelines. The request IS medically necessary.

**MRI of the right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 to 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter on MRI.

**Decision rationale:** The ACOEM Guidelines page 207 to 208 the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG further states that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The records do not show any previous MRI of the right shoulder. The 02/23/2014 report shows diffused tenderness to palpation in the bilateral shoulders. There is discomfort on range of motion especially in the overhead planes. Weakness bilaterally rated at 4/5 for forward flexion, abduction, internal rotation, external rotation, adduction, and extension. Impingement sign and drop sign are negative. There is tenderness to palpation at the acromioclavicular joints and subacromial regions anteriorly. The treater would like to request an MRI of the shoulder to rule out new RTC tear. In this case, the request is supported by the guidelines. The request IS medically necessary.