

<b>Case Number:</b>	CM15-0019323		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 (IW) is a 30 year old male who sustained an industrial injury on 11/01/2011. He has reported continued left shoulder pain rated a 6/10 and interfering with sleep. Daily living activities such as dressing were difficult also. Diagnoses include adhesive capsulitis of the shoulder. Treatments to date include a left shoulder passive forward flexion arthroscopic global capsular release, subacromial decompression, and removal of sutures on 03/21/2013. A suprascapular nerve block was done on 11/18/2014. A progress note from the treating provider dated 11/18/2014 indicates the IW has continued pain and limited range of motion with a rotation contracture of approximately 10 degrees. Treatment plans include the suprascapular nerve block given in the office on 11/18/2014, and request for a left shoulder redo arthroscopy and bursoscopy, capsular release, excision of capture lesions, possible redo decompression, and other corrections determined at the time of the arthroscopy and bursoscopy. Prior to this procedure, the provider felt a left shoulder MRI should be done and a repeat Electromyogram/ Nerve Conduction Velocity study should be obtained to evaluate for cervical radiculopathy. On 01/13/2015 Utilization Review non-certified a request for EMG nerve conduction velocity test, noting there were no findings to indicate cervical radiculopathy. The MTUS, ACOEM Guidelines were cited. On 01/13/2015 Utilization Review non-certified a request for MRI arthrogram of the left shoulder with gadolinium, noting that the documentation submitted did not indicate subjective or objective findings of significant progression of the patient's chronic pain condition which would indicate advanced imaging. The MRI arthrogram of the left

shoulder does not appear to be medically indicated at this point. The MTUS, ACOEM Guidelines were cited.

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

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

#### **EMG nerve conduction velocity test: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179 and 260-262.

**Decision rationale:** The injured worker has a history of chronic left shoulder pain and cervicgia status post left shoulder arthroscopy with global capsular release and subacromial decompression. The cited MTUS guidelines for evaluation of cervical radicular symptoms with special studies, such as EMG and NCV, are generally used after a three to four week period of conservative care has been observed. In addition, electrodiagnostic studies may help to determine different causes of shoulder pain due to cervical radiculopathy versus carpal tunnel syndrome. The injured worker has exceeded the guideline time requirements, but he has not demonstrated any radicular symptoms on exam with the treating provider or qualified medical examiner. Based on the absence of cervical radicular symptoms, the EMG/NCV studies are not medically necessary.

#### **MRI arthrogram of the left shoulder with gadolinium: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Shoulder (Acute and Chronic)

**Decision rationale:** The injured worker has a history of chronic left shoulder pain and cervicgia status post left shoulder arthroscopy with global capsular release and subacromial decompression. The cited MTUS and ODG guidelines for imaging studies of the shoulder, in consideration of surgical intervention, state that MRI and arthrography have similar diagnostic results and outcomes. In addition, the risk of complications is greater in arthrography versus MRI, with the only added benefit of an increased depiction of labral pathology and partial tears. Based on the injured worker's medical history of consistent shoulder complaints greater than one month, an MRI of the shoulder may be indicated. However, the request for an MRI arthrogram of the left shoulder is not medically necessary.

