

<b>Case Number:</b>	CM15-0110660		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	04/12/2005
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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

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 57 year old female, who sustained an industrial injury on April 12, 2005. The injured worker reported feeling a pop in her right shoulder when cutting down trees. The injured worker was diagnosed as having rule out recurrent tear of rotator cuff and rule out compressive neuropathy upper extremity. Treatment to date has included magnetic resonance imaging (MRI) and x-rays surgeries and therapy. A progress note dated April 8, 2015 provides the injured worker complains of right shoulder pain. X-rays were reviewed and revealed anchors due to rotator cuff repair. Physical exam notes decreased range of motion (ROM). The plan includes CAT scan, electromyogram and nerve conduction study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

**Decision rationale:** Per MTUS Guidelines, without specific acute symptoms or progressive neurological compromise consistent with peripheral neuropathy or entrapment syndrome, radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any new injury or red-flag conditions to suggest any entrapment syndrome or cervical radiculopathy only with continued diffuse tenderness without neurological deficits without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper extremities is not medically necessary and appropriate.