

<b>Case Number:</b>	CM15-0122868		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	03/01/2015
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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  
 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 49 year old male who sustained an industrial injury on March 1, 2015. She has reported injury to the shoulder and wrist and has been diagnosed with sprain strain right shoulder and cumulative trauma from repetitive motion. Treatment has included medical imaging, medications, massage, physical therapy, and electrical stimulation. There were muscle spasm of the left trapezius and deltoid muscle in full abduction. There was full range of motion of the right shoulder. There was increased pain with abduction. The flexor surface of the right wrist was tender to palpation on deep palpation. The right wrist was stable. There was full range of motion of the right wrist. The treatment request included an EMG/NCV right upper extremity and MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV, right upper extremity:** Upheld

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

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

**Decision rationale:** There were no neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any radiculopathy or entrapment syndrome. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any cervical radiculopathy or entrapment syndrome only with continued pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG/NCV, right upper extremity is not medically necessary and appropriate.

**MRI right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

**Decision rationale:** Treatment at that time included physical therapy and medications. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, medical necessity for shoulder MRI has not been established. The MRI right shoulder is not medically necessary and appropriate.