

<b>Case Number:</b>	CM15-0149225		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 36 year old male who sustained an industrial injury on 09-25-2014. Mechanism of injury occurred when he was playing Capture the Flag and felt a pop in his shoulder. Diagnoses include right shoulder internal impingement and brachial plexus injury. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, use of a Transcutaneous Electrical Nerve Stimulation unit, corticosteroid injections, and status post acromioclavicular joint on surgery on 05-5-1997. Current medication is Ibuprofen. He continues to work full duty. An unofficial Magnetic Resonance Imaging of the right shoulder done on 10-20-2014 showed mild arthritic changes in the acromioclavicular joint, tendinosis and peritendinitis of the supraspinatus tendon with partial thickness undersurface pinhole tear of the supraspinatus, tenosynovitis of the biceps tendon, and remote fracture of the distal clavicle. A physician progress note dated 06-30-2015 documents the injured workers pain has improved from the last visit. He has mild numbness in his fingertips at times. There was tenderness in the anterior and posterior shoulders, along with tenderness in the right trapezius and cervical paraspinals. Active range of motion is 170 degrees with abduction. The treatment plan includes physical therapy, medications, use of ice and topical cream to the shoulder. Treatment requested is for NCS of the right upper extremity, per 6/30/15 order and EMG of the right upper extremity, per 6/30/15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS of the right upper extremity, per 6/30/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker has already had a cervical MRI to identify structural abnormalities. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for a NCV of the right upper extremity.

**EMG of the right upper extremity, per 6/30/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker has already had a cervical MRI to identify structural abnormalities. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the right upper extremity.