

<b>Case Number:</b>	CM15-0064707		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Pain Management

### 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 55 year old male, who sustained an industrial injury on 6/17/14. The injured worker was diagnosed as having left shoulder impingement syndrome, left superior glenoid labrum lesion, left hand pain, and left carpal tunnel syndrome. Treatment to date has included left shoulder arthroscopic surgery on 7/14/14, physical therapy, medications such as Naproxen and Ibuprofen and a left shoulder glenohumeral joint injection on 12/10/14. Currently, the injured worker complains of left shoulder pain and stiffness. Numbness in the last two fingers of the left hand was also noted. The treating physician requested authorization for an electromyogram of the left upper extremity and a nerve conduction study for the left upper extremity. A progress report dated March 6, 2015 indicates that since the patient's surgery in July 2014, he has felt numbness affecting the left middle and ring fingers. Physical examination revealed decreased sensation in the left ring and middle fingers. The treatment plan recommends electrodiagnostic studies to evaluate for radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyogram) left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for EMG of left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the requesting physician has identified numbness affecting the fingers of the left hand which corresponds with a median/ulnar nerve lesion or a C6 radicular lesion. The symptoms have not improved despite going to physical therapy. Additionally, the symptoms originated after the patient's surgery, suggesting that this could be a late surgical complication. Therefore, evaluating the underlying issue causing the complaints and findings of numbness, seems to be a reasonable next step. As such, the currently requested EMG of left upper extremity is medically necessary.

**NCS (Nerve Conduction Studies) left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for NCS of left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the requesting physician has identified numbness affecting the fingers of the left hand which corresponds with a median/ulnar nerve lesion or a C6 radicular lesion. The symptoms have not improved despite going to physical therapy. Additionally, the symptoms originated after the patient's surgery, suggesting that this could be a late surgical complication. Therefore, evaluating the underlying issue causing the complaints and findings of numbness, seems to be a reasonable next step. As such, the currently requested NCS of left upper extremity is medically necessary.