

<b>Case Number:</b>	CM15-0075594		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 53 year old male, who sustained an industrial injury on 02/12/2014. He has reported injury to the right shoulder and low back. The diagnoses have included complete rupture of rotator cuff; and status post right shoulder rotator cuff repair, biceps tenodesis on 08/20/2014, with persistent weakness and atrophy. Treatment to date has included medications, diagnostics, physical therapy, chiropractic therapy, and surgical intervention. A progress note from the treating physician, dated 02/23/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of persistent weakness of the right shoulder; and has been having physical therapy and doing his own home exercise program. Objective findings included atrophy of the deltoid area; decreased range of motion; significant weakness with forward flexion; and decreased strength. The treatment plan has included the request for EMG (electromyography)/ NCV (nerve conduction velocity) 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 (electromyography)/NCV (nerve conduction velocity) of the right shoulder:** Upheld

**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, 182.

**Decision rationale:** Regarding the request for EMG/NCV, 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, the provider recommended electrodiagnostic testing given the patient's persistent shoulder weakness and atrophy. He notes that this may be due to the rotator cuff tear not healing properly after surgery, but also entertains the possibility of a neurological disorder. An MR arthrogram was recommended in addition to the electrodiagnostic testing. There are no other specific findings suggestive of neurological abnormalities and the results of imaging may obviate the need for electrodiagnostic testing. In light of the above issues, the currently requested EMG/NCV is not medically necessary.