

<b>Case Number:</b>	CM15-0097317		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	05/30/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Orthopedic Surgery, Hand Surgery, Sports 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 a 48 year old female who sustained an industrial injury on 5/30/11 involving her right neck, shoulder and arm. While taping boxes she felt popping sensations in her neck and right shoulder. She was medically evaluated and given a diagnosis of strained shoulder and arm. She was referred to orthopedic specialist who noted biceps tenosynovitis and she received a cortisone injection but had an adverse reaction. She had electromyography and nerve conduction studies (11/6/13) which were normal. She saw a pain management consultant (10/11/13) who felt she had chronic right shoulder girdle pain status post arthroscopic decompression. On 11/6/13 the electromyography/ nerve conduction studies were repeated and were normal. She then was seen for psychological consult. She currently is experiencing an increase in neck and right upper extremity pain from the middle of her finger up to her shoulder with inability to straighten her arm and poor grip strength. She has difficulty with basic activities of daily living such as dressing and bathing and needs assistance to complete these tasks as they involve using her arm. She cannot turn her head unless she turns her entire body due to pain. Her pain level is 8/10. She has irritability, sleep disturbances, fatigue, short term memory loss, difficulty making decisions and short temper. On physical exam there is neck tenderness and spasm without radiculopathy; right shoulder globalized tenderness and loss of range of motion; right elbow tenderness over lateral epicondyle and possible dorsal forearm musculature and diminished grip strength. Medications are hydrocodone, gabapentin, Remeron, Lidoderm patch. Diagnoses include chronic pain syndrome; brachial plexus disorder; mononeuritis; disorder of bursa and right shoulder rotator cuff tear region; adhesive capsulitis of shoulder; complex

regional pain syndrome, type 1; shoulder joint pain; depression; cervicalgia. Treatments to date include physical therapy with no benefit; transcutaneous electrical nerve stimulator unit with increase of right sided body pain; corticosteroid injection without benefit; medications trials no benefit; psychological evaluation; physical therapy with no improvement. Diagnostics include MRI right shoulder (2/13/15) showing mild undersurface and intrasubstance partial thickness interstitial tear in infraspinatus. On 5/12/15 Utilization review reviewed the request for electromyography/ nerve conduction studies of the right upper extremity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG (electromyography) /NCS (nerve conduction study), Right Upper Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome (Acute & Chronic) - Electromyography, Nerve Conduction Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** This is a very longstanding case with diffuse, severe, non-anatomic and psychological symptoms. No records documenting the rationale for right upper extremity electrodiagnostic testing are provided. The records document that such testing was performed on two occasions and was normal. The injured worker hasn't worked since 2011 that is, there is no mechanism of new or additional injury to support repeating the same test for a third time. There is no reasonable expectation the test would identify a treatable problem resulting in functional improvement for the injured worker. The test would be expected to cause additional pain and anxiety.