

<b>Case Number:</b>	CM14-0100307		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 58 year old female who reported injury on 10/08/2013. The mechanism of injury was a fall. Diagnoses included right shoulder sprain/strain, right shoulder contusion, and right shoulder rotator cuff injury. The past treatments included medication and physical therapy. The progress note dated 05/05/2014, noted the injured worker complained of pain to her low back, right leg, and right arm with stiffness in the right shoulder and right arm. The physical exam revealed decreased right shoulder range of motion and her motor strength was decreased in the right upper extremity due to the pain. There was a positive rotator cuff impingement test to the right shoulder, local tenderness to her right shoulder, and deep tendon reflexes were 2/2 in the biceps, triceps, and brachioradialis. Medications included hydrocodone. The treatment plan requested further diagnostic workup of MRI of the right shoulder to further assess persistent pain and discomfort in her right shoulder, and recommended to continue Vicodin for pain control. The Request for Authorization form was dated 05/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Right Upper Extremity (Right Shoulder):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Electrodiagnostic testing for TOS (thoracic outlet syndrome).

**Decision rationale:** The request for EMG of the right upper extremity (right shoulder) is not medically necessary. The physical exam revealed decreased right shoulder range of motion and her motor strength was decreased in the right upper extremity due to the pain. There was a positive rotator cuff impingement test to the right shoulder, local tenderness to her right shoulder, and deep tendon reflexes were 2/2 in the biceps, triceps, and brachioradialis. The Official Disability Guidelines state electrodiagnostic testing is reliable for the diagnosis of thoracic outlet syndrome. It helps localize and quantify a lesion in the brachial plexus. It is also important to rule out other segmental or systemic neuropathies. Thoracic outlet syndrome (TOS) refers to compression of the neurovascular structures at the superior aperture of the thorax. There is a lack of documentation demonstrating the injured worker has findings indicative of thoracic outlet syndrome upon physical examination. The requesting physician's rationale for the request is not indicated within the provided documentation. The request for an EMG of the right shoulder is not supported. Therefore, the request is not medically necessary.