

<b>Case Number:</b>	CM14-0155792		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery in late 2012; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator did not cite any guidelines in its rationale but seemingly suggested that it was using non-MTUS Third Edition ACOEM Guidelines to deny the request. These guidelines were not, however, incorporated into the report rationale or into the body of the report. The applicant's attorney subsequently appealed. In a June 10, 2014 progress note, it was acknowledged that the applicant was not working. Shoulder MR arthrography was sought. On August 13, 2014, the applicant transferred care to a new primary treating provider reporting 7/10 constant shoulder pain and intermittent complaints of neck pain. The note was sparse, handwritten, and difficult to follow. The applicant was placed off of work, on total temporary disability, while electrodiagnostic testing of the bilateral upper extremities, MRI imaging of the cervical spine, an interferential unit, a Cold Therapy Device, Tramadol, Naproxen, and Manipulative Therapy were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV Bilateral Upper Extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** As note in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, EMG or NCV studies are "not recommended" as part of a shoulder evaluation for usual diagnosis. In this case, the applicant's primary pain generator is, in fact, the right shoulder, a body part for which routine NCV testing is not, per ACOEM, recommended. No applicant-specific rationale for nerve conduction testing was proffered in the face of the unfavorable ACOEM position on the same. The attending provider did not clearly state what was sought and/or what was suspected in his handwritten Doctor's First Report (DFR) of August 19, 2014. Therefore, the request is not medically necessary.

**EMG Bilateral Upper Extremities: 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): 182.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend EMG testing to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before planned epidural steroid injection, in this case, however, there was/is no evidence that the applicant was considering or contemplating any kind of surgical intervention or invasive procedure involving the cervical spine on or around the date in question, August 19, 2014. The documentation, as noted previously, was sparse, handwritten, difficult to follow, and not entirely legible. No clear rationale for the EMG testing in question was proffered by the attending provider. Therefore, the request is not medically necessary.