

<b>Case Number:</b>	CM14-0001443		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Neurosurgery 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 injured worker is a 28-year-old female who sustained an injury on 10/19/12 due to cumulative trauma. The injured worker has been followed for ongoing complaints of pain and weakness in the right upper extremity secondary to this cumulative trauma. Prior conservative treatment did include physical therapy as well as medications with no long term benefit. The previous electrodiagnostic studies for this injured worker noted compression of the right ulnar nerve. The injured worker is status post right elbow ulnar nerve neurolysis with medial epicondylectomy and osteoplasty performed on 11/25/13. The clinical report by [REDACTED] on 12/23/13 noted the injured worker was continuing to utilize Ultram for pain. The injured worker also was followed by [REDACTED]. The clinical report on 01/02/14 noted severe pain in the right side of the neck radiating to the right hand with associated weakness and numbness in the right hand. The injured worker indicated that there had been persistent pain in the right hand despite surgery that limited her ability to utilize the right hand. On physical examination, there was mild weakness on right finger flexors with sensory loss in the right hand over all fingers. Positive Tinel's signs were noted in the right brachial plexus. There were also positive Adson's, and Roos' signs. Given the findings consistent with possible brachial plexopathy, somatosensory evoked potentials (SSEP) studies were recommended for the right upper extremity. The injured worker was seen on 01/22/14 with persistent pain in the right upper extremity and right shoulder. On physical examination, there were positive impingement signs of the right shoulder with tenderness along the dorsum of the right wrist. Phalen's signs were positive to the right and there was diminished sensation globally in the right hand. The requested SSEP studies for the right upper extremity were denied by utilization review on 12/26/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMATOSENSORY EVOKED POTENTIALS OF RIGHT BRACHIAL PLEXUS (RIGHT UPPER EXTREMITY): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & chronic), Electrodiagnostic testing for TOS (thoracic outlet syndrome).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**Decision rationale:** In regards to the requested somato-sensory evoked potentials (SSEP) study for the right upper extremity, this reviewer would have recommended this study as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Per MTUS/ACOEM guidelines, nerve conduction studies to include SSEP can be utilized in the detection of neurological abnormality. It is rare that nerve conduction studies are utilized to evaluate the shoulder. In this case, the injured worker does present with multi-focal neurological findings. The injured worker had a previous ulnar nerve decompression performed in November of 2013; however, she has had persistent sensory loss in the global right hand with associated weakness. The objective findings did note positive Adson's and Roos' signs indicative of a possible brachial plexopathy. Given the injured worker's persistent neurological deficit noted on physical examination, SSEP studies to rule out a brachial plexopathy would be reasonable and medically appropriate. Further studies would help delineate the injured worker's treatment options. Therefore, the recommended is for certification for this study.