

Case Number:	CM14-0002583		
Date Assigned:	01/29/2014	Date of Injury:	06/22/2010
Decision Date:	06/16/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 35 year old female who reported an injury to her neck, back, shoulder, elbow, and hands. The injured worker was also identified as having possible findings of thoracic outlet syndrome. The previous utilization review dated 12/20/13 resulted in a denial for sensory evoked potential studies as different information was submitted regarding the injured worker's thoracic outlet syndrome. The clinical note dated 09/09/13 indicates the injured worker complaining of left elbow pain that was rated as 5-7/10. The injured worker also reported 5-8/10 pain at the left shoulder. The injured worker described the pain as constant. Range of motion deficits were identified at the left elbow to include 10 degrees of extension and 120 degrees of flexion. The agreed medical evaluation dated 07/25/13 indicates the injured worker having completed 8 physical therapy sessions to date. The injured worker reported worsening right shoulder and left shoulder pain. The note indicates the injured worker stating the initial injury occurred on 04/23/12 when she was reaching downward with her right arm fully extended and pushing a drawer closed. However, the drawer would not close well as it was off track. The injured worker reported a popping sensation at the right shoulder with radiation of pain into the cervical spine and right upper extremity. An MRI was completed of the right shoulder on 08/02/12 which revealed a paralabral cyst consistent with an inferior labral tear. An MRI of the right shoulder dated 03/07/13 revealed a downsloping acromion. Tendinosis was identified at the supraspinatus. A synovial cyst was also revealed. The clinical note dated 06/12/12 indicates the injured worker complaining of a burning sensation at the right shoulder. Radiating pain was identified along with popping, swelling, and numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENSORY EVOKED POTENTIAL STUDY (SSEP) TO EVALUATE BRACHIAL PLEXOPATHY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, Evoked Potential Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The request for sensory evoked potential studies to evaluate brachial plexopathy is not medically necessary. The documentation indicates the injured worker complaining of right shoulder pain with radiation of pain to the right upper extremity. Sensory evoked potential studies are indicated in order to differentiate a diagnoses of neck and/or arm pain. No information was submitted regarding the injured worker's potential for spinal cord injury. No information was submitted regarding the injured worker potentially having spinal cord myelopathy. Additionally, no information was submitted regarding the injured worker having been diagnosed with thoracic outlet syndrome. Given these findings, this request is not indicated as medically necessary.