

Case Number:	CM14-0114253		
Date Assigned:	08/04/2014	Date of Injury:	02/20/2009
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/22/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and Pain Management 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 patient is a 46 year old with an injury date on 2/20/09. Patient complains of right shoulder pain/stiffness/weakness that remained despite 4 sessions of Physical Therapy per 2/2/14 report. Patient has a secondary pain, a new pain/spasm that increased following shoulder surgery on 1/5/14. Based on the 4/11/14 progress report provided by [REDACTED] the diagnosis is S/P Arthroscopic Right Shoulder Decompression, Distal Clavicle Resection, Labral and Cuff Debridement. Exam on 4/11/14 showed "excellent wound healing hypersensitivity with allodynia along the anterolateral arthroscopic portal. Decreased right shoulder range of motion which 0 to 155 degrees passive forward flexion, forward elevation and abduction." [REDACTED] is requesting referral to Pain Management for evaluation of treatment of reflex sympathetic dystrophy QTY 1 and Nerve Conduction Velocity Study of the right upper extremity QTY 1. The utilization review determination being challenged is dated 7/8/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/7/14 to 4/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity study of the right upper extremity QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 238, 261. Decision based on Non-MTUS Citation ODG, 12th edition, 2014, Carpal Tunnel Syndrome, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: This patient presents with right upper extremities pain and is S/P Arthroscopic Right Shoulder Decompression from 1/15/14. Review of the reports does not show any evidence of NCVs being done in the past. The provider has asked for Nerve Conduction Velocity Study of the right upper extremity QTY 1 on 4/11/14 "to rule out possibility of a cervical radiculopathy right upper extremity." Regarding NCV for the Forearm, Wrist, and Hand, ACOEM states that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. In this case, the provider has asked for Nerve Conduction Velocity Study of the right upper extremity which appears to be within ACOEM guidelines. Therefore, the request is medically necessary.

Referral to pain management for evaluation and treatment of reflex sympathetic dystrophy QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

Decision rationale: This patient presents with right upper extremity pain and is S/P Arthroscopic Right Shoulder Decompression from 1/15/14. The provider has asked for referral to Pain Management for evaluation and treatment of Reflex Sympathetic Dystrophy QTY 1 on 4/11/14. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex. When psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the provider has asked for referral to Pain Management for evaluation of treatment of Reflex Sympathetic Dystrophy which appears reasonable for this patient's condition. Therefore, the request is medically necessary.