

<b>Case Number:</b>	CM14-0064207		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/08/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Neurological Surgery 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 44-year-old female who was reportedly injured on October 7, 2009. The mechanism of injury was not disclosed in the documents provided. The most recent progress note dated February 6, 2014 is a handwritten PR-2 form. This note indicated continued complaints of pain and weakness in the right upper extremity, neck, and associate headaches. Physical examination documented weakened grip in the right hand, numbness to the entire right arm, but worse than ulnar distribution, and a positive Tinel's at the brachial plexus and positive right "RCC's." The clinician indicated that somatosensory evoked potentials are being ordered to evaluate the right brachial plexus secondary to thoracic outlet syndrome status post at reduction internal fixation of a clavicle fracture non-union. A request had been made for somatosensory evoked potentials and was not certified in the pre-authorization process on March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SSEP (Somatosensory Evoked Potential):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Evoked Potential Studies.

**Decision rationale:** The ODG refers to the shoulder chapter for electrodiagnostic testing of thoracic outlet syndrome and indicates that nerve conduction velocity studies are recommended. Based on the clinical documentation provided, it is noted that it is in individuals who do have significant weakness in the upper extremity with associated neurological findings. However, the requested test is not recommended by the current guidelines as other diagnostic tests are better utilized for determining this specific diagnosis. This request is considered not medically necessary.