

<b>Case Number:</b>	CM14-0071711		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 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, arm pain, neck pain, hand pain, and depression reportedly associated with an industrial injury of January 5, 2013. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; wrist brace; MRI imaging of the shoulder of April 11, 2013, notable for rotator cuff tendinopathy; and extensive periods of time off of work. In a Utilization Review Report dated April 18, 2014, the claims administrator denied a request for sensory device testing of the upper extremities to evaluate possible neuropathy. The claims administrator interpreted the request as a quantitative sensation test and invoked non-MTUS ODG Guidelines to deny the same. The applicant's attorney subsequently appealed. In a Doctor's First Report dated April 5, 2013, the applicant presented to a new primary treating provider with ongoing complaints of shoulder, arm, elbow, and wrist pain. The applicant was given a presumptive diagnosis of left shoulder rotator cuff syndrome versus left upper extremity chronic regional pain syndrome and internal derangement of the wrist. The applicant apparently underwent nerve conduction testing on April 5, 2013, the results of which were not clearly reported. In a progress note dated May 3, 2013, the applicant was placed off of work, on total temporary disability. Multiple notes interspersed throughout 2013 and 2014 were reviewed, were handwritten, were difficult to follow, not entirely legible, and notable for comments that the applicant remained off of work, on total temporary disability, for large portions of the claim. The quantitative sensory testing/nerve conduction testing in question was apparently sought via an April 11, 2014 progress note, at which point the applicant was placed off of work, on total temporary disability, reporting ongoing complaints of neck, shoulder, arm, and wrist pain. The applicant was also asked to obtain a psychological evaluation. Some weakness about the hand

was apparently reported, secondary to pain. On May 19, 2014, the applicant was asked to pursue stellate ganglion blocks for possible reflex sympathetic dystrophy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Sensory Device Testing for Evaluation of muscle skeletal pain and management of individuals with neuropathy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (updated 04/14/14), Current perception threshold (CPT) testing; CMS, 2004; <http://www.ncbi.nlm.nih.gov/pubmed/20143301>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** It is not clearly stated precisely what this procedure or test represents. It appears, based on the description, however, to represent a form of portable nerve testing. However, as noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, page 270: "Studies have not shown portable nerve conduction devices to be effective diagnostic tools." The attending provider's documentation, handwritten and, at times, not entirely legible, did not make a compelling case for the request so as to offset the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.