

Case Number:	CM14-0072383		
Date Assigned:	07/16/2014	Date of Injury:	10/18/2011
Decision Date:	10/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation 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 57-year-old female who reported an injury on 10/18/2011. Mechanism of injury was not submitted for review. The injured worker has diagnoses of brachial neuritis, not otherwise specified, lumbosacral neuritis, not otherwise specified, other affections of shoulder region, not elsewhere classified, and status post right wrist carpal tunnel release. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include omeprazole and transdermal medication. On 04/11/2014, the injured worker underwent an electro diagnostic study. On 04/11/2014, the injured worker complained of low back pain. Physical examination revealed that the injured worker had tenderness to the wrist bilaterally, cervical spine, lumbar spine, and shoulders. It was also noted that the injured worker had a pain rate of 6/10. The treatment plan is for the injured worker to undergo testing of the upper and lower extremities via sensory device. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sensory Device Testing for upper and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th edition (web), 2014, Neck & Upper Back - Current perception threshold (CPT) testing

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, Current perception threshold (CPT) testing.

Decision rationale: The request for Sensory Device Testing for upper and lower extremities is not medically necessary. The ODG do not recommend CPT. There are no clinical studies demonstrating that quantitative test of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. The guidelines also state that there is insufficient evidence to validate the usage of current perception threshold testing. These tests provide a psychophysical assessment of both central and peripheral nerve functions by measuring the detection threshold of accurately calibrated sensory stimuli, and they are intended to evaluate and quantify function in both large and small caliber fibers for the purpose of detecting neurologic disease. This is different and distinct from assessment of nerve conduction velocity, amplitude and latency. The submitted documentation lacked any indication that the injured worker had any neurologic deficits. Additionally, as quantitative tests of sensation are not recommended by the ODG, the request for Sensory Device Testing for upper and lower extremities is not medically necessary.