MAXIMUS Federal Services

Case Number:	CM14-0190165		
Date Assigned:	11/21/2014	Date of Injury:	11/10/2007
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 Board Certified Orthopedic Spine Surgeon and is licensed to practice in 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:

This is a 56-year-old female with a date of injury of 11/10/2007. Mechanism of injury is unknown. Diagnoses include status post decompression of the right brachial plexus and right carpal tunnel syndrome with compression of the ulnar nerve at the elbow. Prior EMG and nerve conduction studies performed on 07/16/2013 were consistent with right carpal tunnel syndrome. EMG and nerve conduction studies on 08/06/2014 were consistent with left C4-5 cervical radiculopathy with ongoing denervation changes. Flexion and extension views of the cervical spine demonstrated no evidence of instability. In notes dated 10/09/2014, the injured worker presented with increasing pain in the right shoulder that got worse with any type of movement, especially with internal and external rotation of the right shoulder joint. The pain radiated into the right trapezius muscle causing difficulty for the injured worker to turn her head to the left side. Her strength was 4/5 of the right finger flexors and intrinsic muscles of the right hand. There was reduced sensation in the right hand to light touch, pinprick, and two point discrimination. She had a positive Tinel sign in the right elbow and also a positive Phalen test. Elevation of the right arm caused increasing weakness, numbness, and tingling sensation in the right. Notes stated that there was lack of response to medical treatment including occupational therapy and use of a wrist brace. Treatment modalities also included medications and a diagnostic injection of the right shoulder. Within 15 minutes after the injection, the pain in the right shoulder and right trapezius muscle as well as the pain going into the proximal right arm disappeared. Notes stated that she may continue working in her usual and customary occupation. A request was made for intraoperative monitoring, EMG and nerve conduction. On 10/28/2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Associated Surgical Service: Intraoperative monitoring: 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 and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Intraoperative neurophysiological monitoring (during surgery)

Decision rationale: The request for retrospective associated surgical service: intraoperative monitoring is not medically necessary. The Official Disability Guidelines only recommend intraoperative monitoring during surgery for spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected or prevented though the use of neurophysical monitoring. As this surgery is not a spinal or intracranial surgery, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Retrospective Associated Surgical Service: EMG: 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 and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Electromyography (EMG)

Decision rationale: The request for retrospective associated surgical service: EMG is not medically necessary. The Official Disability Guidelines state that EMG and F-wave tests are not very specific and, therefore, are not recommended. As EMGs are not recommended, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Retrospective Associated Surgical Service: Nerve conduction: 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 and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG), Neck & Upper Back, Nerve conduction studies (NCS)

Decision rationale: The request for retrospective associated surgical service: nerve conduction is not medically necessary. The Official Disability Guidelines state that nerve conduction studies are not recommended. As nerve conduction studies are not recommended, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.