

Case Number:	CM14-0198985		
Date Assigned:	12/22/2014	Date of Injury:	07/15/1998
Decision Date:	02/04/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/26/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 41-year-old female with a reported date of injury of 7/15/1998. The mechanism of injury reported was an attempt to push a heavy box and slide it across the floor. She first tried to push it with her hands and it did not move. She then pushed it with her left leg and in the processes experienced low back pain. She underwent MRI scans of the hips and lumbosacral spine and then had surgery on her right hip. The right piriformis muscle was removed and there was some resulting sciatic nerve damage reported. Then she had another surgery in that area. She had low back and left lower extremity pain. In 2003 or 2004 she underwent implantation of a spinal cord stimulator. She developed leakage of cerebrospinal fluid and a bacterial meningitis. The stimulator was removed in the year 2006. On September 10, 2014 per AME she was complaining of neck pain radiating to both upper extremities, right more than left with swelling. She was also complaining of low back pain radiating to both lower extremities. The diagnosis at that time included residuals of musculoligamentous strain lumbosacral spine, residuals of musculoligamentous strain cervical spine with complaints of radiating symptoms to both upper extremities, chronic pain syndrome, status post implantation and removal of spinal cord stimulator, and psychiatric diagnoses. The records also indicate a diagnosis of thoracic outlet syndrome. The physician was not optimistic that she would obtain long-term benefit from any surgery for thoracic outlet syndrome. Neurosurgical notes dated September 11, 2014 indicate that the injured worker underwent decompression of the right brachial plexus on September 5, 2014. After the operation the right hand became warm and less swollen. Postoperative occupational therapy was requested. Per exam note of October 9, 2014 strength was 3/5 in the right finger flexors and intrinsic muscles of the right hand. There was sensory loss to light touch, pinprick and 2 point discrimination involving the first second third fourth and fifth fingers of the right hand. Authorization was requested for EMG and nerve

conduction studies of the right upper extremity and occupational therapy twice a week for 6 weeks. On October 28, 2014 utilization review modified the request for occupational therapy and certified 10 sessions. The request for the EMG/nerve conduction study was noncertified. The decision was based on lack of conservative treatment postoperatively following the brachial plexus decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational Therapy Sessions for the Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27, 10, 11.

Decision rationale: Post-surgical treatment guidelines indicate 20 visits over 10 weeks for brachial plexus lesions. The postsurgical physical medicine treatment period is 6 months. The guidelines indicate an initial course of therapy which equals one half of the general course of therapy or 10 visits to be prescribed first. Upon completion of these 10 visits if there is documented continuing objective functional improvement, then a subsequent course of therapy may be prescribed consisting of an additional 10 visits within the above parameters. Based upon the guidelines, the request for 12 initial visits exceeded the guidelines. Therefore, this request is not medically necessary.

EMG/NCV of the Right Upper Extremity: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 182, 201.

Decision rationale: California MTUS guidelines indicate need for electromyography (EMG) and nerve conduction studies when the diagnosis is in doubt. The documentation indicates numbness in the right hand involving all 5 fingers representing median and ulnar distribution after a brachial plexus exploration. The preoperative notes of June 5, 2014 also indicate sensory loss in the right hand with increased sensitivity in the right hand, forearm, and upper arm. The sensory loss was more severe in the ulnar distribution and there was increased sensitivity reported in the right upper extremity to the extent that even deep tendon reflexes could not be tested. There was also a history of radiculopathy. The documentation prior to surgery indicates that on July 10, 2014 EMG and nerve conduction studies were felt to be contraindicated due to the hypersensitivity of the right arm and inability to tolerate the testing. Although the diagnosis was not in doubt, the electrodiagnostic studies were requested post-operatively for persisting numbness in the hand after brachial plexus exploration. Some improvement was documented. There had not been sufficient time for regeneration. She underwent surgery on 9/5/14 and the

electrodiagnostic studies were requested on 10/9/14. Therefore the results of any electrodiagnostic studies at that time would not have altered the treatment. Guidelines indicate tests for thoracic outlet syndrome are of questionable value. Occupational therapy was also requested and approved at that time although the treatment had not begun. When the diagnosis is known, the guidelines do not recommend EMG and nerve conduction studies. Based upon the above, the request for EMG and nerve conduction studies was not supported. Therefore, this request is not medically necessary.