

Case Number:	CM14-0202683		
Date Assigned:	12/15/2014	Date of Injury:	10/22/2011
Decision Date:	02/04/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice and is licensed to practice in Utah. 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 patient is a 56 year-old male. The patient's date of injury is 10/22/2011. The mechanism of injury is not described. The patient has been diagnosed with right shoulder pain; the rest of the handwritten diagnosis is illegible. The patient's treatments have included an ordered MRI, Acupuncture, DNA testing, Toxicology testing and medications. The physical exam findings dated Oct 7, 2014 shows the right shoulder with a empty can test and positive cross-arm test. There is pain with flexion and the motor strength is 5/5 in the right shoulder. The patient's medications have included, but are not limited to, Topical Medications. The request is for VSNCT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltage-Actuated Sensory Nerve Conduction Threshold (VSNCT): 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), Neck

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Current Perception Threshold testing.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Voltage-Actuated Sensory Nerve Conduction Threshold; Guidelines state the following: Not recommended. According to the clinical documentation provided and current guidelines; the request for Voltage-Actuated Sensory Nerve Conduction Threshold (VSNCT) is not medically necessary.