

Case Number:	CM15-0132219		
Date Assigned:	07/20/2015	Date of Injury:	05/29/2013
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 51-year-old male, who sustained an industrial injury on 5/29/2013. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having right shoulder sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/14/2015, the injured worker complains of right shoulder girdle pain. Physical examination showed diminished muscular function of the right shoulder, tenderness on palpation and limited range of motion. The treating physician is requesting somatosensory testing of the right shoulder. The medication list include Norco. The patient had received an unspecified number of the PT and acupuncture visits for this injury. Any surgical or procedure note related to this injury was not specified in the records provided. The patient has had an EMG study of both lower extremities and upper extremity that revealed mild CTS and peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somatosensory Testing, Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 05/12/15) Somatosensory evoked potentials (SSEPs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15) Somatosensory evoked potentials (SSEPs) Evoked potential studies.

Decision rationale: Request Somatosensory Testing, Right Shoulder Per the cited guidelines evoked potential studies "Recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. Not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. (Aetna, 2006) Evoked potentials are the electrical signals generated by the nervous system in response to sensory stimuli. Somatosensory evoked potentials (SSEPs) are used for clinical diagnosis in patients with neurologic disease for prognostication in comatose patients. Fewer diagnostic SSEP studies are being performed now than in the pre-MRI era." Any evidence of unexplained myelopathy and/or presence of unconsciousness or spinal cord injury were not specified in the records specified. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. A detailed response to previous conservative therapy was not specified in the records provided. The patient had received an unspecified number of the PT and acupuncture visits for this injury. The medical necessity for Somatosensory Testing, Right Shoulder is not fully established for this patient at this time.