

Case Number:	CM15-0181915		
Date Assigned:	09/23/2015	Date of Injury:	01/10/2015
Decision Date:	10/27/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 42 year old male, who sustained an industrial injury on 1-10-2015. He reported a fall with injury to the right shoulder, right upper extremity, and face-head. Diagnoses include brachial plexus injury, shoulder and forearm numbness, and contusion of the right shoulder. There was an electrodiagnostic study report dated 3-20-15, documenting an abnormal study with evidence consistent with abnormalities involving the cervical nerve roots. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing right arm numbness and weakness. On 8-3-15, the physical examination documented the last three digits on the right hand are curling up in flexed position, right hand was still weak with no significant progress in the last two months. The plan of care included a repeat EMG-NCS of the right upper extremity. The appeal requested authorization for a MRI of the right brachio-plexus; and electromyogram and nerve conduction studies (EMG-NCS) of the right upper extremity. The Utilization Review dated 9-10-15, denied the request indicating that the records reviewed did not support that the ACOEM and ODG Guidelines review per Medical Treatment Utilization Schedule were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right brachio-plexus: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MRI of the right brachioplexus is not medically necessary per the MTUS Guidelines. The MTUS states that if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computerized tomography [CT] for bony structures). The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The documentation does not reveal a significant change in the patient's condition that necessitates an MRI of the right brachioplexus, therefore this request is not medically necessary.

Electromyograph (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Electromyograph (EMG) of the right upper extremity is not medically necessary per the MTUS Guidelines. The MTUS states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The MTUS states that the patient has already had an EMG that diagnosed cervical radicular pathology. There is no significant change in the patient's condition that necessitates a repeat EMG/NCV of the right upper extremity.

Nerve conduction studies (NCS) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Nerve conduction studies (NCS) of the right upper extremity is not medically necessary per the MTUS Guidelines. The MTUS states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The MTUS states that the patient has already had an EMG that diagnosed cervical radicular pathology. There is no significant change in the patient's condition that necessitates a repeat EMG/NCV of the right upper extremity.