MAXIMUS Federal Services

Case Number:	CM14-0144208		
Date Assigned:	09/12/2014	Date of Injury:	03/23/2011
Decision Date:	10/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain, wrist pain, elbow pain, and sleep disturbance reportedly associated with an industrial injury of March 23, 2011. Thus far, the applicant has been treated with analgesic medications; earlier elbow open reduction and internal fixation surgery; multiple ulnar nerve decompression surgery; left carpal tunnel release surgeries; and earlier right shoulder surgery. In a Utilization Review Report dated August 7, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities with associated sensory-evoked potentials. On February 18, 2014, the applicant reported persistent complaints of left shoulder pain with associated limited range of motion noted about the same. The applicant was reportedly pending authorization for left shoulder surgery, it was stated. The applicant was placed off of work, on total temporary disability. A dermatology follow-up visit was endorsed. Electrodiagnostic testing of January 30, 2012 was reviewed and notable for severe left radial motor neuropathy, left upper extremity peripheral neuropathy, left ulnar neuropathy, and left median neuropathy. The applicant did undergo left shoulder surgery, partial acromioplasty, subacromial decompression, open rotator cuff repair, and manipulation under anesthesia surgery on April 11, 2014. In a June 3, 2014 progress note, the applicant was again placed off of work, on total temporary disability. Additional physical therapy was endorsed. The applicant reported some issues with depression, in addition to ongoing shoulder pain complaints. On June 26, 2014, the applicant was again placed off of work, on total temporary disability. The applicant continued to have issues with depression and issues with fungal growth about the finger nails. A psychiatry consultation, Lidoderm patches, Elavil, a neurological evaluation, and dermatology evaluation were endorsed while the applicant was placed off of work, on total temporary disability. On July 20, 2014, the applicant did consult a neurologist. The applicant was described

as off of work, receiving both Social Security Disability Insurance (SSDI) benefits, along with State Disability Insurance (SDI) benefits. The applicant was having issues with shoulder pain waking him up at night. The applicant felt that his left hand pain, numbness, and paresthesias were worsened over time. A positive Tinel sign was appreciated about the elbow. Focal atrophy about the left arm was appreciated. Atrophy of the first dorsal interosseous muscle was noted. The attending provider sought authorization for somatosensory-evoked potentials of the ulnar nerves along with electrodiagnostic testing of the bilateral upper extremities. The applicant was reporting issues with inability to use his hands, diminished grip strength, and increasing weakness, it was stated. The treating provider posited that the reason for obtaining the study was to determine if there was any further treatment which could be offered to the applicant at the level of the brachial plexus.

IMR ISSUES, DECISIONS AND RATIONALES

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

SSEPs times two (2): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, page 178 notes that SSEPs can be performed if spinal stenosis or spinal cord myelopathy is suspected, in this case, however, the attending provider has posited that the operating diagnoses and/or suspected diagnoses include brachial plexopathy, ulnar neuropathy, median neuropathy, and generalized peripheral neuropathy. There was, thus, no mention of possible spinal stenosis or spinal cord myelopathy as a suspected diagnostic consideration here. Therefore, the request is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine use of EMG testing in the evaluation of applicants without symptoms is deemed "not recommended." In this case, the applicant's symptoms are seemingly confined to the symptomatic left upper extremity. There was no mention of any issues associated with the right upper extremity on the July 20, 2014 progress note on which this request was initiated. On

this date, the applicant's complaints of paresthesias, numbness, tingling, difficulty gripping and grasping, etc., were seemingly confined to the symptomatic left upper extremity. Similarly, on an earlier note dated June 26, 2014, the applicant's orthopedist also suggested that the applicant's problems were confined to the left shoulder, left wrist, left upper extremity, etc. EMG testing of the asymptomatic right upper extremity is not, consequently, indicated. Therefore, the request is not medically necessary.

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does acknowledge that EMG testing as part of a shoulder evaluation for usual diagnosis is "not recommended," in this case, however, the applicant's situation is, in fact, unusual. The attending provider has posited that the applicant may have issues with a new-onset brachial plexopathy superimposed on already established issues with ulnar neuropathy, carpal tunnel syndrome, and peripheral neuropathy of the left upper extremity. The applicant has apparently developed worsening left upper extremity strength pathology, including progressively difficulty gripping and grasping, numbness, tingling, paresthesias, etc. As suggested by the attending provider, obtaining EMG testing to determine the presence or absence of a lesion amenable to surgical correction at the level of the brachial plexus is therefore indicated. Accordingly, the request is medically necessary.

NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation and on the Non-MTUS Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does acknowledge that nerve conduction studies are "not recommended" as part of a shoulder evaluation for usual diagnosis, in this case, however, the applicant's presentation is far from typical. The applicant has already-established issues with left-sided carpal tunnel syndrome, left-sided ulnar neuropathy, and left-sided peripheral neuropathy. The attending provider stated that he suspects new compressive phenomenon at the level of the brachial plexus. The attending provider stated that he suspects a new compressive phenomenon at the level of the brachial plexus and that the NCV testing at issue could potentially identify a lesion amenable to surgical correction. The NCV in question, thus, is indicated, given the applicant's progressively

worsening grip strength, muscular atrophy, paresthesias, etc. Therefore, the request is medically necessary.

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine usage of NCV testing in the evaluation of applicants without symptoms is deemed "not recommended." In this case, as suggested previously, the applicant is seemingly asymptomatic insofar as the right upper extremity is concerned. On the progress note in which the requests were initiated, July 20, 2014, the applicant's symptoms were seemingly confined to the left upper extremity. Similarly, on an earlier note date June 26, 2014, the applicant's shoulder surgeon also stated that the applicant's symptoms were seemingly confined to the left upper extremity. Nerve conduction testing of the asymptomatic right upper extremity is not, consequently, indicated. Therefore, the request is not medically necessary.