

Case Number:	CM14-0165039		
Date Assigned:	11/13/2014	Date of Injury:	09/20/2012
Decision Date:	12/16/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/07/2014

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 42 year old female with left shoulder pain and burning in the left upper arm after arthroscopic subacromial decompression for impingement syndrome on April 2, 2014. Despite post-operative physical therapy and analgesics the pain level was 5/10 in May and increased to 7/10 in July and August. At the time of the last exam of September 16, 2014 she was complaining of burning pain, 6/10 associated with weakness of the arm. On examination there was tenderness but no evidence of infection. Range of motion was limited to 70 degrees of flexion and 80 degrees of abduction. She was getting physical therapy with hot packs, stretching, and range of motion as well as strengthening. The disputed request pertains to a request for EMG and nerve conduction studies of both upper extremities for possible neurogenic complex regional pain syndrome. The second disputed request pertains to follow-up after an approved Psychological Consultation for management of possible depression. UR denied the EMG and Nerve Conduction Study for lack of documented neurologic dysfunction. The Psychological consultation was approved but follow-up was denied pending the results of the consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative EMG/NCV of Bilateral Upper Extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome Page(s): 35,36,37.

Decision rationale: The documentation indicates hyperesthesia in the upper arm but there is no allodynia, swelling, vasomotor phenomena, trophic changes or evidence of a nerve injury. Nerve damage can be detected by EMG but in the absence of sensory or motor deficit or findings of a complex regional pain syndrome such as vasomotor phenomena or trophic changes and positive diagnostic testing such as a three phase bone scan, x-rays, diagnostic sympathetic blocks, thermography, cold water stress test, warm water stress test, the usefulness of EMG and nerve conduction studies without clinical evidence of CRPS or neurologic dysfunction is not substantiated. Therefore the testing as requested is not medically necessary.

Psychological Consultation with follow up dates.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100, 101, 102.

Decision rationale: UR had certified the initial Psychological consultation as requested but not the follow-up dates. California MTUS guidelines recommend Psychological evaluations for chronic pain patients. The benefits extend beyond improved depression care as well as pain reduction and improved functional status. The documentation provided indicates chronic pain as well as a history of depression. The follow-up dates will depend upon the recommendations of the consultant. The request for Psychological consultation and follow-up dates as requested is medically necessary.