MAXIMUS Federal Services

Case Number:	CM15-0012101		
Date Assigned:	01/29/2015	Date of Injury:	07/11/2012
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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

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 45-year-old female who reported an injury on 07/11/2012. The injured worker was noted to undergo electrodiagnostic studies on 07/17/2013. The studies revealed mild right carpal tunnel syndrome. The injured worker underwent a left shoulder arthroscopic subacromial decompression, arthroscopic debridement of partial thickness rotator cuff tear, synovectomy/bursectomy, and partial claviculectomy/Mumford procedure of the left shoulder on 05/20/2013 and subsequent subacromial decompression, lysis of adhesions, and rotator cuff repair on 07/14/2014. The injured worker's postoperative treatments included physical therapy. The documentation of 12/23/2014 revealed the injured worker had limited range of motion with impingement signs. The injured worker had positive Tinel's bilaterally with median nerve hypesthesia. The diagnosed included bilateral carpal tunnel syndrome, worse on the left than right. The recommendation was for a repeat neurodiagnostic study to confirm carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurodiagnostic Studies, Plain Contrast, Bilateral Upper Extremities (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The American College of Occupational and Environmental Medicine states that 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 clinical documentation submitted for review indicated the injured worker had previously undergone neurodiagnostic studies. There was a lack of documentation indicating the injured worker's sensory or objective findings had changes significantly to support a second request for neurodiagnostic studies. Given the above, the request for neurodiagnostic studies, plain contrast, bilateral upper extremities (BUE) is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The injured worker was noted to be prescribed Norco 7.5/325 mg. The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens when there are documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of abuse, addiction, or poor pain control. The rationale was not provided. Given the above, the request for urine drug screen is not medically necessary.