

Case Number:	CM15-0067421		
Date Assigned:	04/15/2015	Date of Injury:	02/05/2001
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/09/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 5, 2001. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the left upper extremity. A RFA form dated March 15, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On November 7, 2014, the applicant presented with complaints of neck and shoulder pain reportedly attributed to thoracic outlet syndrome. Derivative complaints of depression, anxiety, and muscle spasms were noted. Percocet, Klonopin, Lexapro, Medrol, and Zolofit were prescribed. On April 6, 2011, the applicant received chemo denervation procedure with Botox to ameliorate various preoperative diagnoses, including alleged thoracic outlet syndrome (TOS). The remainder of the file was surveyed. It did not appear that any procedure notes beyond November 2015 were incorporated into IMR packet; thus, the March 13, 2015 RFA form and associated progress note in which the article in question was proposed was not seemingly included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and nerve conduction velocity of the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201; 212.

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. The primary alleged diagnosis here, based on the information on file, was alleged thoracic outlet syndrome. As noted in the MTUS Guideline in ACOEM Chapter 9, page 201, tests for thoracic outlet syndrome are of "questionable value". While the MTUS Guidelines in ACOEM Chapter 9, page 212 does acknowledge that "confirmatory electrophysiologic testing" is advisable for applicants with suspected thoracic outlet compression syndrome before considering surgery, in this case, however, it was not clearly stated that the applicant was in fact considering surgery for thoracic outlet syndrome. It was not clearly stated what was sought. It was not clearly stated what was suspected. The March 13, 2015 progress note and associated RFA form on which the article in question was proposed was not incorporated into the independent medical review packet. The information on file did not provide subsequent support for the request at hand. Therefore, the request is not medically necessary.