
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/12/2013
Date of Injury: 5/7/2009
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0013969

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spinal Surgery 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 35 year old female with reported date of injury of 5/07/2009. Mechanism of injury was described as cumulative trauma injury. She was seen in clinic on 7/08/2011 at which time she reported bilateral hand and wrist pain constant in nature that radiated up to the left elbow and shoulder. On exam, she had tenderness noted at the bilateral wrists and at the left elbow joint and at the bilateral radial styloid processes. Strength was 5/5 in the bilateral upper extremities and reflexes were 2+. She was seen in physical therapy on 11/12/2012. On 12/05/2012, electrodiagnostic studies were performed demonstrating this study to be a normal study without evidence of lumbosacral radiculopathy or plexopathy. On 07/22/2013, she was seen back in clinic and at that time complained of back pain and right shoulder pain. She was tender to the left paracervical and right paracervical region and flexion was painful as was extension. She also had tenderness to the left paralumbar region and right paralumbar region. The diagnoses included lumbago, low back pain, pain in the wrist and forearm, myofascial pain syndrome, fibromyalgia, and shoulder region discomfort. At that time, the MRI was reviewed showing a stable appearing disc protrusion at L4-5 causing mass effect on the transiting right L5 nerve root. There was moderate facet arthropathy at L4-5 and L5-S1 and there was moderate right and left neural foraminal stenosis at L4-5. Diagnoses included shoulder pain, lumbago, low back pain, pain in the wrist and forearm, myofascial pain syndrome, and fibromyalgia and plan at that time was to talk to a hand surgeon for evaluation of the elbows which had been refractory to treatment refer her to spine care for evaluation to determine if surgery is indicated, and recommend electrodiagnostic studies of the bilateral upper extremities to determine if the patient was a candidate for surgical intervention as far as nerve entrapment.

IMR DECISION(S) AND RATIONALE(S)

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

1. The referral to a hand surgeon for an evaluation of the elbows is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS Chronic Pain Guidelines.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, Elbow Disorders, pages 9-11, which are a part of the MTUS.

The Physician Reviewer's decision rationale: The employee reported pain radiating from the wrist up to the elbows and at this time, no diagnostic studies were found in the records provided for review to objectively document pathology specific to the elbow region. California MTUS/ACOEM, Elbow Chapter indicates referral may be needed when there is lack of training in a specific entity, uncertainty about the diagnosis or treatment plan or if red flags are present. As such, there are no red flags presented for this review and the diagnosis or treatment plan has been firmly established based on the records provided. The records do not indicate the specific provider has lack of training in the specific entity and the last clinical note does indicate that overall, shoulders, elbows, and wrists are stable. She has full range of motion in elbows and full range of motion of her wrists at that time and again, stability has been established. There are no red flags provided for this review and there is no documentation that a referral to a hand surgeon would be considered a reasonable option. **The request for a referral to a hand surgeon is not medically necessary and appropriate.**

2. Electromyography (EMG) is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS Chronic Pain Guidelines.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, pages 268-269, which are a part of the MTUS.

The Physician Reviewer's decision rationale: The provider states an EMG needs to be performed of the bilateral upper extremities to determine if there was compressive etiology present. California MTUS/ACOEM, Forearm, Wrist and Hand Chapter indicates in cases of peripheral nerve impingement, if no improvement or wasting has occurred over 4 to 6 weeks, electrical studies may be indicated. The record indicates the last clinical visit indicates the wrists were stable and had full range of motion. The records do not indicate the employee was specifically complaining of pain or paresthesias to the upper extremities and no other studies were provided for this review of the upper extremities or cervical spine. Therefore, no red flags have been documented by the records provided for review. **The EMG study is not medically necessary and appropriate.**

3. A referral to a spinal surgeon for for evaluation of the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS Chronic Pain Guidelines.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, pages 287-289, which are a part of the MTUS.

The Physician Reviewer's decision rationale: California MTUS/ACOEM indicates that primary care or occupational physicians can effectively manage acute and subacute low back problems conservatively in the absence of red flags. Although there is documentation of an MRI which reveals stable disc protrusion, the electrodiagnostic study fails to demonstrate radiculopathy, and the most recent clinical exam was of 7/22/2013 and the current status of this employee is not provided for the records. **The request for a referral to a spinal surgeon is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]
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