

Case Number:	CM13-0027706		
Date Assigned:	12/18/2013	Date of Injury:	08/09/1999
Decision Date:	03/21/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation, 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. 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 patient is a 61-year-old female who reported injury on 08/09/1999. The mechanism of injury was noted to be a penetrating trauma. The patient's diagnosis was noted to be cervical strain. The patient had neck pain, right shoulder pain, and right wrist pain as orthopedic complaints. Request was made for muscle testing, sensory testing, MRI of the cervical spine, x-ray of the right hand and cervical spine, range of motion testing for the cervical spine, the right wrist and left wrist and grip strength, as well as second surgical opinion in hand surgery, a hand surgeon and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Upper extremity: Upheld

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

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

Decision rationale: ACOEM Guidelines indicate that electromyography including H-reflexes may help identify a subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. There was lack of documentation indicating the patient

had signs or symptoms or objective dermatomal and myotomal findings that would indicate the patient had neurologic dysfunction. Given the above, the request for EMG of the upper extremities is not medically necessary.

Muscle testing, upper extremity and lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Low Back Regarding Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter section on Flexibility

Decision rationale: The Official Disability Guidelines indicate that flexibility is not recommended as primary criteria but should be a part of a routine musculoskeletal evaluation and the relation between range of motion measures and functional ability is weak or nonexistent. Clinical documentation submitted for review failed to provide documented rationale for the request. There was lack of documentation of an objective physical examination to support the request. Given the above, the request for muscle testing upper extremity and lower extremity is not medically necessary.

Sensory testing, upper extremity and lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/300_399/0357.html

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, section on NCS

Decision rationale: ACOEM Guidelines state that 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. Official Disability Guidelines does not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Clinical documentation submitted for review failed to provide documentation of an objective examination. There was lack of documentation of a rationale for both a sensory testing and an EMG. Additionally, there was lack of documentation indicating the type of sensory testing that was being requested. Given the above, the request for sensory testing upper extremity and lower extremity is not medically necessary.

X-rays for cervical spine: Upheld

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

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

Decision rationale: ACOEM Guidelines indicate that cervical radiographs are appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication or neurological compromise. There was a lack of documentation indicating myotomal and dermatomal findings to support neurologic compromise. There was a lack of documented rationale for the requested examination. Given the above, the request for x-rays for cervical spine is not medically necessary.

Range of motion right wrist and left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Low Back Regarding Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter section on Flexibility

Decision rationale: Official Disability Guidelines indicate that flexibility is not recommended as primary criteria but should be a part of a routine musculoskeletal evaluation and the relation between range of motion measures and functional ability is weak or nonexistent. Clinical documentation submitted for review failed to provide documented rationale for the request. There was lack of documentation of an objective physical examination to support the request. Given the above, the request for range of motion right wrist and left wrist is not medically necessary.

Grip strength testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Low Back Regarding Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter section on Flexibility

Decision rationale: Official Disability Guidelines indicate that flexibility is not recommended as primary criteria but should be a part of a routine musculoskeletal evaluation and the relation between range of motion measures and functional ability is weak or nonexistent. Clinical documentation submitted for review failed to provide documented rationale for the request. There was lack of documentation of an objective physical examination to support the request. Given the above, the request for Grip strength testing is not medically necessary.

Second opinion for hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent medical Examinations and Consultations regarding Referrals, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: ACOEM Guidelines indicate a hand surgery consultation is appropriate for patients who have red flags of a serious nature, who fail to respond to conservative management including work site modifications and who have clear, clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. There was a lack of documentation indicating the patient had a failure to respond to conservative management as conservative management was not documented, there was a lack of documentation indicating the patient had clear, clinical and special study evidence of a lesion that had been shown to benefit in both the short and long term from surgical intervention. There was a lack of documented rationale for the request. Given the above, the request for a second surgical opinion in hand surgery is not medically necessary.