

Case Number:	CM13-0027707		
Date Assigned:	11/22/2013	Date of Injury:	11/11/2008
Decision Date:	01/24/2014	UR Denial Date:	09/16/2013
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 & 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 67-year-old male who reported an injury on 11/11/2008. The mechanism of injury was not specifically stated in the documentation. The patient's symptoms include right wrist pain and spasm; weakness, numbness, tingling, and pain radiating to the hand and fingers; radicular low back pain and spasm; radiating pain and numbness and tingling to the bilateral lower extremities; and right hip pain with spasm. Objective findings include tenderness to palpation of the right wrist; decreased range of motion of the right wrist; decreased motor strength in all muscle groups of the bilateral upper extremities; tenderness to palpation of the lumbar spine; decreased range of motion of the lumbar spine; positive bilateral straight leg raise testing; decreased muscular growth at the right thigh and leg; tenderness to palpation of the right greater trochanter; decreased range of motion of the right hip; positive Patrick's test; diminished sensation over the L4, L5, and S1 dermatomes in the bilateral lower extremities; and decreased motor strength to 3/5 in all the represented muscle groups in the right lower extremity, and 4/5 in all muscle groups of the left lower extremity, secondary to pain. His diagnoses are listed as right wrist triangular fibrocartilage complex tear, right wrist osteoarthritis, lumbago, lumbar spine herniated nucleus pulposus, lumbar spine radiculopathy, and status post right hip surgery with residual pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot-cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: According to ACOEM Guidelines for the initial care of forearm, wrist, and hand complaints, at home local applications of cold packs are recommended for the first few days of acute complaints; thereafter, applications of heat packs are recommended. The patient was noted to have complaints of right wrist pain. According to the ACOEM Guidelines, the use of hot and/or cold packs are sufficient treatment for wrist complaints. There is no indication for use of a hot/cold therapy unit over use of individual hot or cold packs. Therefore, the request for a hot-cold therapy unit is not medically necessary and appropriate.

Referral to a hand specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: According to the ACOEM Guidelines, patients with forearm, wrist, and hand complaints should have followup every 3 to 5 days by a mid-level practitioner, or by a physical or hand therapist who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. The patient was noted to have subjective complaints of wrist pain and muscle spasm in the right upper extremity, as well as weakness, numbness, and tingling radiating to the hand and fingers. It also states that the patient was unable to fully grasp objects with the right hand. Objective findings included decreased range of motion of the right wrist, normal sensation, normal reflexes, and decreased motor strength to 4/5 in all muscles groups of the bilateral upper extremities. ACOEM Guidelines state that followup visits are recommended for patients with wrist, hand, or forearm complaints; however, there is a lack of documentation as to why a referral to a hand specialist is required for this patient. Additionally, there is insufficient evidence of attempted conservative care with lack of improvement, in order to make a recommendation for referral to a hand specialist. Therefore, the request for a referral to a hand specialist is not medically necessary and appropriate.

EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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 Low Back Chapter, EMG & NCS Section.

Decision rationale: According to ACOEM Guidelines, electromyography, including H-reflex tests, may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. More specifically, the Official Disability Guidelines (ODG) state that electromyography may be useful to obtain unequivocal evidence of radiculopathy, after a 1 month trial of conservative therapy, but electromyography is not necessary if radiculopathy is already clinically obvious. Additionally, ODG states that nerve conduction velocity studies are not recommended for patients with low back symptoms. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The patient was noted to complain of low back pain with radiating pain to the bilateral lower extremities, as well as numbness and tingling. Additionally, objective findings noted decreased range of motion of the lumbar spine, positive bilateral straight leg raise testing, and decreased sensation over the L4, L5, and S1 dermatomes in the bilateral lower extremities, and decreased motor strength to 3/5 in the muscles of the right lower extremity, and to 4/5 in all the muscles of the left lower extremity. As the patient was shown to have clear subjective and objective symptoms consistent with radiculopathy, EMG is not necessary according to ODG. Additionally, NCV studies are not recommended when the patient is presumed to have symptoms on the basis of radiculopathy. Therefore, electrodiagnostic studies to the patient's bilateral lower extremities are not supported by guidelines. For these reasons, the request for EMG/NCS of the bilateral lower extremities is not medically necessary and appropriate.

Consultation with an orthopedic surgeon regarding the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: According to ACOEM Guidelines, a referral for surgical consultation for patients with low back complaints is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on an imaging studies, preferably with accompany objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. The patient has been noted to complain of symptoms of radiculopathy to the bilateral lower extremities, and has shown objective findings consistent with radiculopathy. However, an imaging study such as an MRI was not included in the medical records for review. Therefore, it is not known whether the patient has serious spinal pathology or nerve root dysfunction. Additionally, there was insufficient evidence of outcomes related to conservative treatments that have been attempted thus far. With the absence of an imaging study and evidence of failure of conservative therapy, the request for one consultation with an orthopedic surgeon regarding the lumbar spine is not medically necessary and appropriate.