

Case Number:	CM13-0028481		
Date Assigned:	11/27/2013	Date of Injury:	07/18/2011
Decision Date:	01/23/2014	UR Denial Date:	09/11/2013
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 Orthopedic Surgery and is licensed to practice in Connecticut, North Carolina and Pennsylvania. 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:

This is a 40-year-old nail polisher who reported cumulative trauma injuries on 07/18/11. Previous electrodiagnostics on 08/03/12 noted right carpal tunnel syndrome and possible bilateral S1 radiculopathy. MRIs were also noted of the cervical spine dated 01/04/13 noting disc space pathology at C4-5 and C6-7. There is an MRI of the thoracic spine and MRI of the lumbar spine. Also noted is a 10/13/11 MRI of the right shoulder. Examination of 07/31/13 documented cervical spasm and limitation in motion, bilateral shoulder "weakness" which was not quantified in terms of the grade of strength demonstrated, tenderness in the bilateral hands and wrists, positive Phalen's and median compression tests bilaterally, positive straight leg raise test on the left, painful range of motion in the thoracic spine and limited range of motion in the lumbar spine due to pain, positive McMurray's and Steinman's test bilaterally, tenderness along the lateral aspect of the left ankle, and globally diminished light touch in the hands. The provider requested additional physical therapy, and diagnostic evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine..

Decision rationale: The records in this case do not support a need for additional physical therapy. Guidelines recommend 9 to 10 visits of physical therapy over an 8 week period of time and the request as submitted would exceed those guidelines. Additionally the guidelines recommend fading of treatment after 1 to 3 visits with transition to a self-directed home exercise regime. The clinical records in this case are not consistent with any apparent functional deficit of significance such that would warrant formal physical therapy at this time now well over two years post injury.

MRI of the 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: Previous electrodiagnostics on 08/03/12 noted right carpal tunnel syndrome and possible bilateral S1 radiculopathy and an MRI of the cervical spine dated 01/04/13 showed disc space pathology at C4-5 and C6-7. Examination of 07/31/13 documented cervical spasm and limitation in motion, bilateral shoulder "weakness" which was not quantified in terms of the grade of strength demonstrated, tenderness in the bilateral hands and wrists, positive Phalen's and median compression tests bilaterally, positive straight leg raise test on the left, painful range of motion in the thoracic spine and limited range of motion in the lumbar spine due to pain, positive McMurray's and Steinman's test bilaterally, tenderness along the lateral aspect of the left ankle, and globally diminished light touch in the hands. The record lacked documentation of any apparent clinical change or progressive neurologic deficit. The CA MTUS guidelines would not support the request for a repeat MRI in this clinical setting absent evidence of neurologic deficit or change in the clinical condition.

MRI of the thoracic spine: 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 8 Neck and Upper Back Complaints.

Decision rationale: Previous electrodiagnostics on 08/03/12 noted right carpal tunnel syndrome and possible bilateral S1 radiculopathy and there is also record of prior imaging in the form of a thoracic MRI. Examination of 07/31/13 documented cervical spasm and limitation in motion, bilateral shoulder "weakness" which was not quantified in terms of the grade of strength demonstrated, tenderness in the bilateral hands and wrists, positive Phalen's and median compression tests bilaterally, positive straight leg raise test on the left, painful range of motion in

the thoracic spine and limited range of motion in the lumbar spine due to pain, positive McMurray's and Steinman's test bilaterally, tenderness along the lateral aspect of the left ankle, and globally diminished light touch in the hands. The record lacked documentation of any apparent clinical change or progressive neurologic deficit. The CA MTUS guidelines would not support the request for a repeat MRI in this clinical setting absent evidence of neurologic deficit or change in the clinical condition.

MRI of the lumbar 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 12 Low Back Complaints Page(s): 177-179.

Decision rationale: In this case there is documentation of prior MRI of the lumbar spine. Examination of 07/31/13 documented cervical spasm and limitation in motion, bilateral shoulder "weakness" which was not quantified in terms of the grade of strength demonstrated, tenderness in the bilateral hands and wrists, positive Phalen's and median compression tests bilaterally, positive straight leg raise test on the left, painful range of motion in the thoracic spine and limited range of motion in the lumbar spine due to pain, positive McMurray's and Steinman's test bilaterally, tenderness along the lateral aspect of the left ankle, and globally diminished light touch in the hands. The record lacked documentation of any apparent clinical change or progressive neurologic deficit. The CA MTUS guidelines would not support the request for a repeat MRI in this clinical setting absent evidence of neurologic deficit or change in the clinical condition.

MRI of the bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Records reflect that an MRI of the right shoulder previously was done on 10/13/11. There is no documentation of any progressive changes or interventions that would change the anatomic and clinical presentation within the medical records to request further imaging. Examination pertaining to the shoulders from July of 2013 documented "weakness" which was not quantified in terms of the grade of strength demonstrated; this would not be sufficient to warrant additional imaging absent any indication of new injury or exacerbation. The request cannot be considered as medically necessary.

MRI of the bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: This individual has already had upper extremity electrodiagnostic testing and there is no documentation of any progressive changes or interventions that would change the anatomic and clinical presentation within the medical records to request further imaging. Guidelines with respect to MRI for the wrists do not indicate that this study is strongly diagnostic beyond in cases of possible infection and or carpal tunnel syndrome for which MRI is to be on the lower end of relative ability to identify or define pathology.

MRI of the bilateral hands: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: This individual has already had upper extremity electrodiagnostic testing and there is no documentation of any progressive changes or interventions that would change the anatomic and clinical presentation within the medical records to request further imaging. Guidelines with respect to MRI for the forearm/wrist/hand do not indicate that this study is strongly diagnostic beyond in cases of possible infection and or carpal tunnel syndrome for which MRI is to be on the lower end of relative ability to identify or define pathology. In this case, there is nothing to indicate the aforementioned clinical diagnoses and as such the requested MRI cannot be considered as medically necessary.

EMG of bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: This individual has already had upper extremity electrodiagnostic testing and there is no documentation of any progressive changes or interventions that would change the anatomic and clinical presentation within the medical records to request further imaging or diagnostic testing. This individual has a chronic condition and there is no indication of a new injury such that would warrant the repeat upper extremity diagnostic testing.

NCV of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: This individual has already had upper extremity electrodiagnostic testing and there is no documentation of any progressive changes or interventions that would change the anatomic and clinical presentation within the medical records to request further imaging or diagnostic testing. This individual has a chronic condition and there is no indication of a new injury such that would warrant the repeat upper extremity diagnostic testing.

EMG of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The claimant previously had lumbar MRI and examination findings at the time of the requested electrodiagnostic testing revealed positive straight leg raise test but nothing in the way of a neurologic or motor deficit. There was nothing in the way of evidence of a clear change in the clinical status, no indication of new injury or exacerbation. On the basis of the available information the EMG of the bilateral lower extremities cannot be supported as medically necessary.

NCV of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The claimant previously had lumbar MRI and examination findings at the time of the requested electrodiagnostic testing revealed positive straight leg raise test but nothing in the way of a neurologic or motor deficit. There was nothing in the way of evidence of a clear change in the clinical status, no indication of new injury or exacerbation. On the basis of the available information the NCS of the bilateral lower extremities cannot be supported as medically necessary.