

Case Number:	CM13-0028974		
Date Assigned:	06/11/2014	Date of Injury:	07/13/2009
Decision Date:	08/06/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 claimant was injured on 07/13/09 and has a diagnosis of adhesive capsulitis. EMG/NCV of the bilateral upper extremities and a functional capacity evaluation are under review. She saw [REDACTED] on 04/11/13. She had continued low back pain radiating to the right lower extremity with paresthesias and numbness and had left shoulder and right wrist pain. Her left shoulder had impingement and Hawkins signs with decreased range of motion of the right wrist and positive Phalen's and reverse Phalen's signs with decreased grip strength and distal radial tenderness. She was diagnosed with shoulder tendinitis and bursitis, wrist tendinitis and bursitis, and low back sprain and radiculopathy. She is status post right carpal tunnel release surgery with residual weakness in the wrist. On 05/23/13, she had locking and popping in the middle finger of the right hand. She had tenderness over the MCP joint of the right third digit and mechanical blocking with a tender nodule. A trigger finger injection was done. On 07/24/13, she presented with chronic pain in her left shoulder with low back pain and residual pain in her right wrist and left foot. There was evidence of impingement of the shoulder. An MRI of the lumbar spine and updated electrodiagnostic studies of the upper and lower extremities were recommended to rule out peripheral nerve entrapment disorder. An FCE was recommended to systematically document her current physical abilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY OF THE BILATERAL UPPER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Chapter 11, Forearm, Wrist, and Hand, Special Studies.

Decision rationale: The MTUS recommends in chapter 10 nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. Chapter 11 states in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The claimant has chronic complaints with no new findings documented such that a study of this type appears to be indicated. Her history of evaluation and treatment to date is not fully described. There are no new or progressive focal neurologic deficits for which these studies appear to be indicated and no indication that surgery is being considered. It is not clear how this study is likely to change her course of treatment. The medical necessity of this request for nerve conduction velocities of the upper extremities has not been clearly demonstrated. Therefore, the request for nerve conduction velocity of the bilateral upper extremities is not medically necessary and appropriate.

FUNCTIONAL CAPACITY EVALUATION OF BILATERAL UPPER EXTREMITY:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Fitness for Duty, FCE.

Decision rationale: The ODG state Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003) The above criteria have not been met. There is no mention of unsuccessful return to work, conflicting medical reporting on her functional abilities, secondary conditions, etc. The specific indication for this type of evaluation is unclear and it appears that

she remains significantly symptomatic such that additional evaluation is ongoing. There is no indication that her symptoms are stable and not likely to respond to additional treatment. There is no indication that she is being considered for work hardening, permanent restrictions, or a job change. The medical necessity of this request has not been clearly demonstrated. Therefore, the request for functional capacity evaluation of bilateral upper extremity is not medically necessary and appropriate.

EMG FOR THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The MTUS recommends in chapter 8 Criteria for ordering imaging studies are: -Emergence of a red flag -Physiologic evidence of tissue insult or neurologic dysfunction - Failure to progress in a strengthening program intended to avoid surgery -Clarification of the anatomy prior to an invasive procedure Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and 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. The claimant has chronic complaints with no new findings documented such that a study of this type appears to be indicated. Her history of evaluation and treatment to date is not fully described. There are no new or progressive focal neurologic deficits for which these studies appear to be indicated and no indication that surgery is being considered. It is not clear how this study is likely to change her course of treatment. The medical necessity of the request for EMG of the upper extremities has not been clearly demonstrated. Therefore, the request for EMG for the bilateral upper extremities is not medically necessary and appropriate.