

Case Number:	CM13-0040405		
Date Assigned:	12/20/2013	Date of Injury:	07/18/2013
Decision Date:	02/26/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 07/18/2013. The mechanism of injury was stated to be a cumulative trauma. The patient was noted to be treated with x-rays and MRIs, as well as physical modalities and prescription medications and surgery. The patient was noted to continue to suffer upper back and lower back residuals as result of the injury. The patient's diagnoses were noted to be status post thoracic spine surgery, lumbar spine strain, left elbow/forearm strain, right forearm strain, right wrist strain, and left wrist strain. The request was made for muscle testing, sensory testing, range of motion testing, grip strength testing, x-rays, a sleep study consultation, Epworth sleep testing, and EMG of the upper extremities and lower extremities, and a second surgical opinion and spinal surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle testing upper and lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter

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

Decision rationale: The Official Disability Guidelines do not recommend computerized testing as there are no studies to support the therapeutic value. The clinical documentation submitted for review indicated that the patient needed the muscle testing to identify and objectify directly measurable losses of motor strength. However, there was lack of documentation indicating these observations could not be obtained in a routine physical examination as per recommendations. There was also a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for muscle testing upper and lower extremity is not medically necessary and appropriate

Sensory testing upper and lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter

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

Decision rationale: The Official Disability Guidelines do not recommend computerized testing as there are no studies to support the therapeutic value. The clinical documentation submitted for review indicated that the patient needed the sensory testing to identify and objectify directly measurable sensory losses. However, there was lack of documentation indicating these observations could not be obtained in a routine physical examination as per recommendations. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for sensory testing upper and lower extremity is not medically necessary and appropriate.

X-rays of the lumbar spine, PVS, left elbow, and bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Hip & Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 42-43, 268-269, 303-305. Decision based on Non-MTUS Citation Hip & Pelvis Chapter, section on X-Rays.

Decision rationale: ACOEM Guidelines indicate that special studies are not needed unless there is the presence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction. Official Disability Guidelines indicate that hip plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. The clinical documentation submitted for review indicated the requests for x-rays were made because the patient had none taken recently. The patient was noted to have complaints of numbness of both hands and both lower extremities and tingling of both upper extremities and lower extremities. The patient was noted to have upper back pain that was sharp and radiating to both shoulders right equal left and right thigh. The patient was noted to have low back pain radiating to the right foot. The patient

was noted to have elbow/forearm pain that was sharp and non-radiating. The patient was noted to have right forearm pain that was sharp and non-radiating, as well as right wrist pain that was sharp and non-radiating. The patient's left wrist pain was noted to be sharp and radiating to the forearm. There was lack of documentation of a red flag or physiologic evidence including tissue insult or neurologic dysfunction to support the necessity. There was lack of documentation of recent injury to support the PVS x-ray. Given the above, the request for x-rays of lumbar spine, PVS, left elbow, and bilateral wrist is not medically necessary.

Range of Motion testing of thoracic spine, lumbar spine, PVS, bilateral elbow, and bilateral wrists.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter

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

Decision rationale: The Official Disability Guidelines do not recommend computerized testing as there are no studies to support the therapeutic value. The clinical documentation submitted for review indicated that the patient needed the range of motion testing to identify and objectify directly measurable losses of range of motion. However, there was a lack of documentation indicating these observations could not be obtained in a routine physical examination as per recommendations. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for ROM testing of thoracic spine, lumbar spine, PVS, bilateral elbow, and bilateral wrist is not medically necessary and appropriate.

Epworth sleep testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/1798888>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://en.wikipedia.org/wiki/Epworth_sleepiness_scale

Decision rationale: Per Wikipedia.org, the Epworth Sleepiness Scale is a scale intended to measure daytime sleepiness with the use of a very short questionnaire that the patient fills out in the office. The clinical documentation submitted for review indicates the physician opined there was necessity to identify and objectify any sleeping disorders. There was lack of documentation however, to support the necessity for the test as there was a lack of subjective signs and symptoms. There was lack of documentation of complaints of day time sleepiness. Given the above, the request for Epworth sleep testing is not medically necessary and appropriate

EMG Upper and Lower 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, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

Decision rationale: ACOEM Guidelines state that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The clinical documentation submitted for review failed to provide documentation of dermatomal and myotomal findings to suggest the necessity for the requested testing. The clinical documentation submitted for review indicated the request was made due to the patient's complaints of radicular symptoms to the upper and lower extremities. There was a lack of documentation of exceptional factors as there was a lack of documentation of findings to support the requested tests. Given the above, the request for EMG upper and lower extremities is not medically necessary and appropriate

Second surgical opinion in spinal surgery follows up, post surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM Guidelines indicate a surgical consultation is appropriate for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies which are preferably accompanied by objective signs of neural compromise, activity limitations due to radiating leg pain, clear clinical imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from both long-term and short-term surgical repair. The physical examination revealed the patient had non-diffuse tenderness of the thoracic spine and lumbar spine with pain that was mainly posterior midline in the lumbar region. The patient was noted to have negative bilateral straight leg raise, negative ulnar and median wrist findings with the exception of local pain, and neurologic reflexes were intact. Phalen's test revealed the patient had soreness in both wrists. The clinical documentation submitted for review indicated this request was for a second surgical opinion regarding the patient's spinal surgery. The patient was noted to have spinal surgery on 08/15/2013. There was lack of documentation indicating necessity for a second opinion regarding spinal surgery. Given the above, the request for second surgical opinion in spinal surgery is not medically necessary and appropriate.