

Case Number:	CM13-0046411		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2013
Decision Date:	03/26/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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 Texas. 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 who sustained an injury on 07/17/2013 when involved in a motor vehicle accident. The patient underwent an EMG and NCV on 10/03/2013 which had the impression of abnormal study, the electrodiagnostic study revealed evidence of demyelinating bilateral median neuropathy at wrists (carpel tunnel syndrome). There was no electrodiagnostic evidence of cervical radiculopathy or generalized peripheral neuropathy affecting the upper limbs. The patient was evaluated on 11/11/2013 for complaints regarding left knee and right shoulder pain. The physical examination findings were noted as negative anterior and posterior drawer test, 4+/5 quad and hamstring strength. The patient was noted to have a positive McMurray's test creating medial joint pain and tenderness to palpation of the medial joint line. The physical examination of the right shoulder revealed positive impingement sign and positive subacromial bursitis, 4+/5 strength and negative O'Brien's test. The treatment plan was noted as advised the patient to continue home exercise program and stretching routine as tolerated, proceed with left knee corticosteroid injection, and request additional chiropractic/physiotherapy 2 times a week times 4 weeks for neck, shoulder, and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram): 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: The request for EMG of the bilateral upper extremities is non-certified. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines states that most patients presenting with true hand and wrist problems do not need special studies until after a 4 to 6 week period of conservative care and observation. The documentation submitted for review indicated the patient had participated in chiropractic and physiotherapy; however, the outcome of such care was not submitted for review. Furthermore, the documentation submitted for review indicated the patient underwent an EMG/NCV on 10/03/2013 which noted significant findings. The guidelines do not recommend repeat diagnostic studies unless there is a significant change in the patient's condition. The documentation submitted for review did not indicate the patient had a significant change in her condition. Therefore, additional diagnostic studies are not supported. The request for an EMG of the bilateral upper extremities is not medically necessary or appropriate.

NCV (nerve conduction velocity exam): 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: The request for NCS of the bilateral upper extremities is non-certified. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines states that most patients presenting with true hand and wrist problems do not need special studies until after a 4 to 6 week period of conservative care and observation. The documentation submitted for review indicated the patient had participated in chiropractic and physiotherapy; however, the outcome of such care was not submitted for review. Furthermore, the documentation submitted for review indicated the patient underwent an EMG/NCV on 10/03/2013 which noted significant findings. The guidelines do not recommend repeat diagnostic studies unless there is a significant change in the patient's condition. The documentation submitted for review did not indicate the patient had a significant change in her condition. Therefore, additional diagnostic studies are not supported. The request for an NCV of the bilateral upper extremities is not medically necessary or appropriate.

Eight chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The request for 8 chiropractic visits is non-certified. As the request does not specify the region for which the chiropractic visits would focus, clarification is needed. Furthermore, the duration of treatment was not submitted with the request and therefore clarification is again needed. The patient was noted as having wrist pain, shoulder pain, neck pain, back pain, and knee pain. The Chronic Pain Medical Treatment Guidelines do not recommend the use of chiropractic care in patients with carpal tunnel syndrome, wrist problems, and knee pain. Furthermore, the guidelines recommend chiropractic care be in sessions of one to two times per week for the first two weeks and continued treatment be based on objective functional improvement. Therefore, the request for eight sessions exceeds guideline recommendations. It is additionally noted in the documentation submitted for review indicated the patient had previously participated in chiropractic care but the outcome of the care was not submitted with this review. The request for eight chiropractic sessions of the bilateral upper extremities is not medically necessary or appropriate.