MAXIMUS Federal Services

Case Number:	CM13-0063200		
Date Assigned:	12/30/2013	Date of Injury:	12/31/2012
Decision Date:	05/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 38 year old female with date of injury 12/31/13. The treating physician report dated 10/14/13 indicates that the patient presents with pain affecting the upper back 7/10, bilateral elbows 3/10, bilateral hands 2-3/10, right hip 3/10, mid back 4-5/10, and sleep disorder with anxiety. The current diagnoses are: 1.Cervical spine strain/sprain 2.Lumbar spine sprain/strain 3.Left shoulder sprain/strain 4.Myospasms 5.Bilateral medical epicondylitis 6.Clinical bilateral carpal tunnel syndrome 7.Right hip sprain/strain 8.Depression 9.Insomnia 10.Stress The utilization review report dated Â¬Â¬Â¬Â¬11/25/13 denied the request for ROM and Muscle testing, EMG of bilateral upper extremities, psychological consults and NCV of bilateral upper extremities based on lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROM AND MUSCLE TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck And Upper Back Electrodiagnostic Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg), (For Example Knee), (For Example Total Knee Arthroplasty) Odg Lumbar Chapter, For Rom See Flexibility.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with multiple symptoms affecting the lumbar spine, cervical spine and bilateral upper extremities. The current request is for range of motion and muscle testing. The treating physician in the report dated 10/14/13 states, "I am going to request acupuncture at 2 x a week for the next 6 weeks, as well as range of motion and muscle strength testing." The treater has documented range of motions of the cervical spine, lumbar spine, left shoulder, elbows, wrists and right hip. There was no manual muscle testing results provided. MTUS does not address range of motion and muscle testing. ODG guidelines lumbar chapter states separate range of motion testing is, "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation." The treating physician does not go into any detail regarding the request for range of motion and muscle testing. The ODG guidelines do not recommend separate ROM testing that is separate from the musculoskeletal examination that the treater has already performed. Recommendation is for denial.

EMG OF BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck And Upper Back Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with multiple symptoms affecting the lumbar spine, cervical spine and bilateral upper extremities. The current request is for EMG of bilateral upper extremities. The treating physician has documented, "Positive Phalen's Test bilaterally. Negative Carpal Tinel's and Finkelstein are bilaterally." There is documented intermittent bilateral hand pain and paresthesia rated a 2-3/10 and diagnosis of clinical bilateral carpal tunnel syndrome. MTUS does not address EMG testing. ACOEM page 262 recommend electrodiagnostic studies to help differential between CTS and other conditions, such as cervical radiculopathy. Given the patient's hand pain and paresthesia as well as neck/bilateral extremity symptoms, recommendation is for authorization. Records do not show prior EDX.

PSYCHOLOGICAL CONSULT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.. Decision based on Non-MTUS Citation ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Acoem), 2nd Edition, (2004) , Chapter 7, Page 127.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with pain affecting the neck, back, upper extremities and has complaints of depression and anxiety. The current request is for psychological consultation. The Psychological Symptoms Questionnaire indicates the patient has anxiety and depression. The MTUS guidelines support psychological treatment for "appropriately identified patients during treatment for chronic pain." Given the patient's chronic pain, recommendation is for authorization.

NCV OF BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck And Upper Back Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with multiple symptoms affecting the lumbar spine, cervical spine and bilateral upper extremities. The current request is for NCV of bilateral upper extremities. The treating physician has documented, "Positive Phalen's Test bilaterally. Negative Carpal Tinel's and Finkelstein are bilaterally." There is documented intermittent bilateral hand pain and paresthesia rated a 2-3/10 and diagnosis of clinical bilateral carpal tunnel syndrome. MTUS does not address NCV testing. ACOEM page 262 recommend electrodiagnostic studies to help differential between CTS and other conditions, such as cervical radiculopathy. This patient presents with pain and paresthesia of the hands. Recommendation is for authorization.