MAXIMUS Federal Services

Case Number:	CM13-0063538		
Date Assigned:	12/30/2013	Date of Injury:	02/10/2013
Decision Date:	05/10/2014	UR Denial Date:	11/18/2013
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 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:

According to the records made available for review, this is a 33-year-old male with a 2/10/13 date of injury. At the time (10/14/13) of the request for authorization for retrospective urinalysis (DOS 10/14/13), home exercise kit for the left wrist, electromyogram (EMG), of the bilateral upper extremities, and nerve conduction velocity (NCV), of the bilateral upper extremities, there is documentation of subjective (left wrist and hand pain, left forarm pain, and numbness and tingling and weakness of the left upper extremity) and objective (decreased range of motion on dorsiflexion, palmar flexion, radial deviation and ulnar deviation, palpable nodule on the volar aspect of the A1 pulley on the third finger, evidence of contracture forming on the third and fourth finger, Tinel's sign is positive, intrinsic muscle weakness noted, opposition of the first and fifth digit is difficult to perform, tenderness on the forearm flexors, and signs of lateral epicondylitis) findings, current diagnoses (significant hand and wrist fracture status post open reduction internal fixation and derivative left lateral epicondylitis), and treatment to date (medication and a home exercise program taught by a physical therapist). Regarding retrospective urinalysis (DOS 10/14/13), there is no documentation of on-going opioid treatment. Regarding home exercise kit for the left wrist, there is no documentation of a description of the exact contents of the kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of significant hand and wrist fracture status post open reduction internal fixation and derivative left lateral epicondylitis. However, there is no documentation of on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for retrospective urinalysis (DOS 10/14/13) is not medically necessary.

HOME EXERCISE KIT FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Exercise And Knee & Leg, Home Exercise Kit.

Decision rationale: MTUS does not address the issue. ODG identifies that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise; that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated; and that such programs should emphasize education, independence, and the importance of an on-going exercise regime. In addition, ODG identifies a home exercise kit is recommended as an option where home exercise programs are recommended. Furthermore, Guidelines identify documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit, as criteria necessary to support the medical necessity of a home exercise kit. Within the medical information available for review, there is documentation of diagnoses of significant hand and wrist fracture status post open reduction internal fixation and derivative left lateral epicondylitis. In addition, there is documentation that a home exercise program is recommended and the patient has been taught appropriate home exercises by a therapist. However, there is no documentation of a description of the exact contents of the kit. Therefore, based on guidelines and a review of the evidence, the request for home exercise kit for the left wrist is not medically necessary.

ELECTROMYOGRAM (EMG) OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,33. Decision based on Non-MTUS Citation Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html).

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of significant hand and wrist fracture status post open reduction internal fixation and derivative left lateral epicondylitis. In addition, there is documentation of subjective/objective findings consistent with nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for electromyogram (EMG), of the bilateral upper extremities is medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,33. Decision based on Non-MTUS Citation Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html).

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of significant hand and wrist fracture status post open reduction internal fixation and derivative left lateral epicondylitis. In addition, there is documentation of subjective/objective findings consistent with nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for nerve conduction velocity (NCV), of the bilateral upper extremities is medically necessary.