

Case Number:	CM13-0068604		
Date Assigned:	01/03/2014	Date of Injury:	01/19/2007
Decision Date:	04/25/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 and is licensed to practice in Illinois. 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:

This is a 55-year-old female patient with a date of injury 01/19/2007. The mechanism of injury was reportedly due to chronic cumulative trauma from repetitive computer use as well as by grasping, pushing, and pulling. The patient had injuries to the right hand, which resulted in a release of the right index trigger finger on 08/12/2013. Following the surgery, the patient was referred for hand therapy twice a week for 4 weeks. Subjectively, in physical therapy the patient complained of intermittent pain to right dorsal and volar II metacarpophalangeal (MCP). Objective findings were positive tenderness to palpation of the 2nd dorsal and right A1 pulley of 2nd digit. A repeat MRI of the cervical spine, electromyography (EMG) of the bilateral upper extremities, nerve conduction velocity (NCV) of the bilateral upper extremities and [REDACTED] home traction unit times 6 week trial to help provide the patient some pain relief was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI

Decision rationale: Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted for review failed to provide evidence of any new or progressive neurological deficits as it pertains to the cervical spine to meet guideline criteria. Given the above, the request is non-certified.

ELECTROMYOGRAPHY (EMG) STUDY OF BILATERAL UPPER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The CA MTUS/ACOEM Guidelines state 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 clinical documentation provided for review failed to provide evidence of neurological deficits found on physical examination to support the necessity of the requested electrodiagnostic testing. Also, the physician fails to provide a rationale for the requested studies and how the results would impact future treatment plans. Given the above, the request is non-certified.

NERVE CONDUCTION VELOCITY (NCV) STUDY OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The CA MTUS/ACOEM Guidelines state 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 request for NCV study of the upper extremities is non-certified. The clinical documentation provided for review failed to provide evidence of any neurological deficits found on physical examination. Also, the physician fails to provide a rationale for the requested studies and how the results would impact future treatment plans. Given the above, the request is non-certified.

██████████ HOME TRACTION UNIT FOR A 6-WEEK TRIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Traction (<http://www.odg-twc.com/odgtwc/neck.htm#Protocol>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Traction

Decision rationale: The CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state home cervical patient controlled traction (using a seated over-the-door device or a supine device is recommended, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Institutionally based powered traction devices are not recommended. The request for the ██████████ home traction unit times 6-week trial is non-certified. The clinical information provided for review failed to include documentation of recent physical therapy or patient participation in a home exercise program indicating these failed to improve the patient's symptoms. As such, the request is non-certified.