MAXIMUS Federal Services

Case Number:	CM13-0069184		
Date Assigned:	01/03/2014	Date of Injury:	09/28/2010
Decision Date:	06/04/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 injured worker is a 36-year-old female who reported injury on 09/28/2010. The mechanism of injury was cumulative trauma. The documentation of 12/20/2012 revealed the injured worker had findings of positive bilateral shoulder depressor test and a positive Phalen's test in the bilateral wrists. The treatment plan included physical modalities 2 times a week times 6 weeks including acupuncture, repeat bilateral wrist MRIs, upper extremity electrodiagnostics and bilateral wrists MRIs, and an updated MRI of the cervical spine as well as consultation/followup consults for an orthopedic spine specialist, pain management specialist, and orthopedic hand specialist. The documentation of 04/11/2013 revealed the request was for updated electrodiagnostic studies, MRI scans of both wrists and an MRI of the cervical spine. The documentation of 11/05/2013 revealed the injured worker had bilateral elbow pain, bilateral hand/wrist pain, and neck pain. The treatment recommendations included follow up with orthopedic spine specialist, pain management and orthopedic hand specialist. Additionally, the request was made for a cervical epidural steroid injection on 12/20/2012. The diagnoses included bilateral wrist strains, right ulnar neuropathy, and probable right double crush syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: ACOEM states that 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. There should be documentation of 3-4 weeks of conservative care and observation. The clinical documentation submitted for review failed to indicate the injured worker had findings of myotomal or dermatomal deficits. There was lack of documentation indicating a necessity for both an EMG and nerve conduction velocity. The clinical documentation indicated the injured worker had undergone a prior EMG/NCV. The results were not provided for review. Given the above, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

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 Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI should be reserved for patients who have a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review indicated this study would be a repeat. There was a lack of documentation of a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for an MRI of the cervical spine is not medically necessary.

AN MRI OF THE BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI should be reserved for patients who have a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review indicated this study would be a repeat. There was a lack of documentation of a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for an MRI of the bilateral wrists is not medically necessary.

CERVICAL EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections for patients with objective findings of radiculopathy upon physical examination that is corroborated by imaging studies and/or electrodiagnostic studies and that is initially unresponsive to conservative measures. The clinical documentation submitted for review failed to provide documentation of an official MRI to support the necessity. There was a lack of documentation of dermatomal or myotomal findings on the most recent physical examination to support findings of radiculopathy. There was a lack of documentation of failure of conservative care. Given the above, the request for cervical epidural steroid injection is not medically necessary.

PHYSICAL THERAPY 2X/6 CERVICAL, BILATERAL WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for a maximum of 8 to 10 visits for the treatment of neuralgia and radiculitis and 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide the quantity of previous sessions that were attended and the objective functional benefit that was received. There was a lack of documentation of objective functional deficits to support the necessity for physical therapy. The injured worker should be well versed in a home exercise program as the injury was reported in 2010. Given the above, the request for physical therapy is not medically necessary.

FOLLOW-UP EVALUATION WITH A PAIN MEDICINE SPECIALIST (CHRONIC PAIN): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Office Visits.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon review of the patient's concerns,

signs and symptoms, clinical stability and reasonable physician judgment as well as the medications the patient is utilizing which may include opiates and which require close monitoring. The clinical documentation submitted for review failed to provide documentation of medications that would warrant the necessity for a pain medicine specialist. Additionally, it was indicated through clinical documentation that the injured worker had previously seen a pain management specialist on 11/08/2012. There was a lack of documentation of objective physical findings to support the necessity for a repeat evaluation. Given the above, the request for follow-up evaluation with a pain medicine specialist (chronic pain) is not medically necessary.

FOLLOW-UP EVALUATION WITH AN ORTHOPEDIST (CERVICAL): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Office Visit.

Decision rationale: The Official Disability Guidelines indicate the need for clinical office visit with a health care provider is individualized based upon a review of patients concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker had previously seen an orthopedic spine specialist on 02/21/2012. There was a lack of documentation indicating a necessity for a repeat evaluation. There was a lack of documentation of objective physical findings to support the necessity for a repeat evaluation. Given the above, the request for follow-up evaluation with an orthopedist is not medically necessary.

FOLLOW-UP EVALUATION WITH AN ORTHOPEDIC HAND SURGEON (BILATERAL WRISTS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Wrist & Hand Chapter, Office Visits.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker had utilized a hand specialist on 10/09/2012. There was a lack of documentation of objective findings to support the necessity for a repeat evaluation. Given the above, the request for follow-up evaluation with an orthopedic hand surgeon is not medically necessary.