

Case Number:	CM14-0001771		
Date Assigned:	01/22/2014	Date of Injury:	10/28/2011
Decision Date:	10/01/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 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 47-year-old female who sustained injuries to her bilateral upper extremities on 10/28/11. The mechanism of injury was not documented. A treating doctor's first report of occupational injury or illness noted that the diagnosis was bilateral carpal tunnel disease with right tenosynovitis. The injured worker underwent right open carpal total release on 01/09/12. The injured worker continues to complain of ulnar-sided pain that continues to radiate to her forearm. The injured worker returned to her orthopedic hand specialist who has suggested more conservative treatment including physical therapy and bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, TABLE 11-6, PAGE 269

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOREARM, WRIST AND HAND CHAPTER MRI'S (MAGNETIC RESONANCE IMAGING)

Decision rationale: The request for MRI of the right wrist is not medically necessary. The previous request was denied on the basis that the ODG states that MRIs are not recommended in the absence of ambiguous electro diagnostic study. In this case, pending response from the authorized NCV of the bilateral upper extremities, medical necessity of the requested MRI was not necessary. There was no EMG/NCV study provided for review. Given the clinical documentation submitted for review, medical necessity of the request for MRI is not medically necessary.

EMG OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, TABLE 11-7

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, ELECTROMYOGRAPHY (EMG)

Decision rationale: The request for EMG of the bilateral upper extremities is not medically necessary. The previous request was denied on the basis that the ODG states that electro diagnostic studies are recommend only in cases were diagnosis is difficult with conduction studies. In this case, considering the patient was status post right carpal tunnel release in the right wrist with recurrent symptoms of deficits in the bilateral wrists, a partial certification for NCV of the bilateral upper extremities was indicated as medically necessary and certified. Given the clinical documentation submitted for review, medical necessity of the request for EMG of the bilateral upper extremities is not medically necessary.

NCV OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, TABLE 11-7

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, NERVE CONDUCTION STUDIES (NCS)

Decision rationale: The request for NCV of the bilateral upper extremities is not medically necessary. The previous request was denied on the basis that the ODG states that electro diagnostic studies are recommend only in cases were diagnosis is difficult with conduction studies. In this case, considering the patient was status post right carpal tunnel release in the right wrist with recurrent symptoms of deficits in the bilateral wrists, a partial certification for NCV of the bilateral upper extremities was indicated as medically necessary and certified. Given the clinical documentation submitted for review, medical necessity of the request for a repeat NCV of the bilateral upper extremities is not medically necessary.

RETROSPECTIVE (DOS 10/22/13) URINE TOXICOLOGY TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DEALING WITH THE MISUSES AND ADDICTION,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, OFFICE VISITS

Decision rationale: The retrospective (DOS: 10/22/13) urine toxicology testing was not medically necessary. The previous request was denied on the basis of there was no type of documentation indicating that this patient has displayed signs of aberrant behavior, such as a request for early refills or any other documentation indicating that this injured worker is anything other than minimal risk for medication misuse. The injured worker was not taking controlled substances that would require monitoring with a urine drug screen given. There were no other signs of substance abuse or illicit drug use identified. Given the clinical documentation submitted for review, medical necessity of the request for retrospective (DOS: 10/22/13) urine toxicology is not medically necessary.

URINE TOXICOLOGY SCREENING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, Urine Drug Screening,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: A urine drug screen is indicated for patients who have exhibited aberrant behaviors, have a history of drug misues or have inconsistent findings on prior drug screens. No information was provided indicating the injured worker being a risk for drug misuse. No aberrantt behaviors were identified in the submitted documentation. No inconsistencies were revealed in the prior studies. Given this, the request is not indicated as medically necessary.