MAXIMUS Federal Services

Case Number:	CM14-0108798		
Date Assigned:	08/01/2014	Date of Injury:	01/15/2011
Decision Date:	12/02/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal 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:

The injured worker is a 30-year-old man with a date of injury of July 31, 2014. The IW was cutting a hose with a knife while at work. The IW sliced his hand with the knife. Left hand surgery was performed on August 12, 2014. The IW was provided chiropractic therapy treatment, which did not completely reduce the pain. Pursuant to the Comprehensive Initial Orthopedic Consultation dated October 9, 2014, the IW presented with complaints of ongoing pain and severe loss of function with the left hand. Objective findings revealed decreased sensation of the radial side of the middle finger. There is hyperkyphosis of the left hand. There is loss of function of the flexor digitorum profundus of the middle finger and little finger. Inspection revealed S shaped scar of the left palm. There was also swelling and discoloration of the left hand. The IW does not have a history of any major illnesses. The IW denied diabetes, liver disease, heart disease, high blood pressure, alcoholism, or asthma. There is no history of peptic ulcer disease, GI bleeding, or multiple anti-inflammatory drug use. The IW was not taking Aspirin. The IW was diagnosed with probable laceration of the digital nerve of the middle finger and flexor tendon of the middle finger, and early complex regional pain syndrome. The following medications were prescribed: Norco 2.5/325mg, and Relafen 750mg. The provider recommends that the IW be transferred to a hand specialist for follow-up care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve chiropractic manipulation treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Chiropractor Treatment

Decision rationale: Pursuant to the Official Disability Guidelines, 12 chiropractic manipulation treatments are not medically necessary. Manual therapy manipulation is recommended for chronic pain caused by musculoskeletal conditions. The intended goal is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program to return to productive activities. Low back recommendations are trial six visits over two weeks with evidence of objective functional improvement, total up to 18 visits over 6 to 8 weeks. Elective/maintenance is not medically necessary. In this case, there was a single orthopedic progress note. The documentation states the injured worker has early complex regional pain syndrome and a probable laceration of the digital nerve middle finger and flexor tendon middle finger. There was no clinical documentation indicating a plan of care and goals to be achieved and location to be treated with chiropractic manipulation. The progress note dated October 9, 2014 indicates the injured worker underwent chiropractic treatment. It does not address the location. Additionally, there was a plan for a hand surgery consultation. Consequently, 12 chiropractic manipulation treatments are not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, 12 chiropractic manipulation treatments are not medically necessary.

Electromyography (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, EMG

Decision rationale: Pursuant to the Official Disability Guidelines, electromyography of the upper extremities bilaterally is not medically necessary. The EMGs on generally accepted and widely used for localizing the source of neurologic symptoms in establishing the diagnosis of full nerve entrapment. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the medical documentation does not discuss performing EMGs. There is no discussion in the diagnosis regarding radiculopathy. There is no other documentation to support performing EMG. Consequently, EMGs of the upper extremities bilaterally are not medically necessary. Based on the clinical information in the medical records and the peer-reviewed evidence-based guidelines, EMGs of the upper extremities bilaterally are not medically necessary.

Nerve Conduction Velocity (NCV) study of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, NCV

Decision rationale: Pursuant to the Official Disability Guidelines, nerve conduction velocity studies of the upper extremities bilaterally are not medically necessary. Their conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies. In this case, medical record does not document the presence or absence of radiculopathy nor does it discuss performing nerve conduction velocity studies. Consequently, the medical record does not provide evidence to support performing nerve conduction velocity studies. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, nerve conduction velocity studies of the upper extremities bilaterally is not medically necessary.

Omeprazole 20 mg (no quantity listed): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, GI Effects Page(s): 67-68.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines on Omeprazole 20 mg (no quantity listed) is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated when the injured patient is at risk for gastrointestinal events. Risks to be considered are greater than the age of 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin, steroids are anticoagulants; and the use of multiple nonsteroidal anti-inflammatory's or high-dose steroids. In this case, there is no indication the injured worker is at intermediate or high risk for gastrointestinal event based on the comorbid/past medical history. The injured worker has no history of peptic ulcer disease, G.I. bleeding or multiple nonsteroidal anti-inflammatory drug use. Consequently, Omeprazole is not medically necessary. Additionally, the requested not have a quantity listed on the Omeprazole prescription. Based on the clinical information medical record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg (no quantity listed) is not medically necessary.