MAXIMUS Federal Services

Case Number:	CM14-0109502		
Date Assigned:	08/06/2014	Date of Injury:	03/01/2014
Decision Date:	09/17/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 37-year-old female who reported an injury 03/01/2014, due to cumulative factors. She has worked on a keyboard all day doing scheduling. Diagnoses were epicondylitis lateral right, numbness fingers, sprain/strain shoulders both, sprain/strain wrists/hands unspecified both. Treatment has consisted of physical therapy, medications and wrist splints. Diagnostic studies were x-rays of both wrists and right elbow, which were normal. The EMG/NCS was normal. There was no surgical history reported. The injured worker had a physical examination on 05/05/2014, with complaints of right elbow pain, right shoulder pain and right wrist pain. The injured worker did report that symptoms were lessened by rest and physical therapy. Examination of the right shoulder revealed no tenderness of the right sternoclavicular/acromioclavicular joints. There was tenderness of the right trapezius muscles. There were no muscle spasms of the right deltoid or upper extremity muscle. There was full range of motion of the right shoulder with flexion to 180 degrees, extension to 50 degrees, abduction was to 100 degrees, adduction was to 50 degrees and internal and external rotation were to 90 degrees. There was no weakness of the right upper extremity. Examination of the right elbow revealed non-tenderness to palpation of the olecranon and radial head. The right elbow was tender at the medial epicondyle and lateral epicondyle. There was no crepitation with range of motion of the elbow. Range of motion for the right elbow was flexion to 135 degrees, extension was 0 degrees to 5 degrees and pronation and supination were to 90 degrees. Examination of the right wrist revealed tenderness to palpation on the flexor surface. The extensor surface of the right wrist was tender on examination. The CMC joint of the right thumb was not tender. There was no crepitation of the right wrist on examination. There was full range of motion of the right wrist with dorsiflexion to 70 degrees, volar flexion was to 80 degrees,

radial deviation was to 25 degrees, ulnar deviation was to 35 degrees and pronation/supination was to 90 degrees. Resisted wrist flexion was negative for right medial epicondylitis. There was no tenderness over the right anatomical snuff box. There was 5/5 muscle strength in flexion, extension, pronation and supination of the right upper extremity. There was a negative Phalen's test for right median nerve compression. Tinel's sign was negative for right median nerve compression. Finkelstein test was negative for right stenosing tenosynovitis. Sensation was intact to light touch and pinprick in the right upper extremity. Sensation was intact to light touch and pinprick in all dermatomes of the right upper extremity for the wrist. Medications were not reported. Treatment plan was for imaging studies, acupuncture and nerve conduction study. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the cervical spine Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 1,8,9.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The request exceeds the recommended 3-6 visits. Therefore, the request is not medically necessary.

MRI of the cervical spine Qty:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 Page 177-178.

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

Decision rationale: ACOEM Guidelines indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and

clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory testing or bone scans. The injured worker does not have any "red flag" symptoms. She reported functional improvement from physical therapy. There were no neurological findings on physical examination. Therefore, the request is not medically necessary.

MRI of the right wrist Qty; 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM 2004 page 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. There should be "red flag" signs on physical examination. There were no findings on the injured worker's examination. Range of motion, muscle strength and sensation were normal. Therefore, the request is not medically necessary.

MRI of the left wrist Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM 2004 page 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. There should be "red flag" signs on physical examination. There were no findings on the injured worker's examination. Range of motion, muscle strength and sensation were normal. Therefore, the request is not medically necessary.

Nerve Conduction Study Right UF Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM 2004 page 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: Carpal Tunnel Syndrome does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in

the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have carpal tunnel syndrome based on clinical examination and electro physiologic testing. Specialty testing such as Tinel's sign or Phalen's sign should be positive. The examination did not reveal any such signs or symptoms. Therefore, the request is not medically necessary.

Nerve Conduction Study left upper extremity Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM 2004.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: Carpal Tunnel Syndrome does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have carpal tunnel syndrome based on clinical examination and electro physiologic testing. Specialty testing such as Tinel's sign or Phalen's sign should be positive. The examination did not reveal any such signs or symptoms. Therefore, the request is not medically necessary.

Electromyography Right upper extremity Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM 2004 page 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: Carpal Tunnel Syndrome does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have carpal tunnel syndrome based on clinical examination and electro physiologic testing. Specialty testing such as Tinel's sign or Phalen's sign should be positive. The examination did not reveal any such signs or symptoms. Therefore, the request is not medically necessary.

Electromyography Left upper extremity Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM 2004 page 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: Carpal Tunnel Syndrome does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have carpal tunnel syndrome based on clinical examination and electro physiologic testing. Specialty testing such as Tinel's sign or Phalen's sign should be positive. The examination did not reveal any such signs or symptoms. Therefore, the request is not medically necessary.

Chiropractic Treatment Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The request exceeds the recommended 3-6 visits. Therefore, the request is not medically necessary.