MAXIMUS Federal Services

Case Number:	CM14-0011123		
Date Assigned:	02/21/2014	Date of Injury:	02/13/2013
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/23/2014

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 34-year-old female who reported an injury on 02/13/2013; the mechanism of injury was not provided within the medical records for review. The clinical note dated 01/03/2014 notes that the injured worker's pain level is rated at 3/10. Upon examination, the injured worker had full range of motion to her bilateral wrists, full opposability between the thumb and each of the other fingers, no edema, no erythema, or bony deformity. The injured worker was diagnosed with tenosynovitis to the right hand, subchondral bone cyst, positive per MRI on 09/10/2013, bilateral wrist sprain/strain, and left hand sprain/strain. The provider's rationale for the request was not provided within the documents. The Request for Authorization Form was not included within the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, SECOND EDITION 2004, CHAPTER 11, FOREARM, WRIST, AND HAND COMPLAINTS,

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

Decision rationale: The request for electromyography (EMG) of the bilateral upper extremities is non-certified. The CA MTUS/ACOEM Guidelines recommend electrodiagnostic testing in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The medical documents lack evidence of muscle weakness and numbness that would indicate peripheral nerve impingement. The provider's rationale was not provided in the medical documents for review. As such, the request is non-certified.

NERVE CONDUCTION STUDIES (NCS) BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, SECOND EDITION 2004, CHAPTER 11, FOREARM, WRIST, AND HAND COMPLAINTS,

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

Decision rationale: The request for electromyography (EMG) of the bilateral upper extremities is non-certified. The CA MTUS/ACOEM Guidelines recommend electrodiagnostic testing in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The medical documents lack evidence of muscle weakness and numbness that would indicate peripheral nerve impingement.The provider's rationale for the request was not provided within the documentation. The included medical documents lack evidence of the injured worker's failure of conservative treatment. The included medical documents lack evidence of muscle weakness, decreased sensation, and other symptoms which would indicate nerve impingement. The guidelines do not recommend nerve conduction studies. As such, the request is non-certified.

FOLLOW UP OFFICE VS RE-EXAM IN 45 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES SECOND EDITION 2004, CHAPTER 11, FOREARM, WRIST, AND HAND COMPLAINTS,

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, Office Visits.

Decision rationale: The request for a followup office visit vs re-exam in 45 days is non-certified. The Official Disability Guidelines state the need for a clinical office visit with a healthcare provider is individualized based upon review of the injured workers concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Determination is also based on what medication the injured worker is taking, since some medications such as opiates or medicines such as certain antihypnotics require close monitoring. Determination for necessity for an office visit requires individualized case review and assessment, being ever mindful are the

best injured worker outcomes are achieved with eventual injured worker independence from the healthcare system through selfcare as soon as clinically feasible. It does not appear that the injured worker has a clinical instability that would warrant the need for an office visit followup. There was no indication in the medical documents as to what the re-examination was intended for and the provider's rationale was not included within the medical documentation for this followup visit. As such, the request is non-certified.