

Case Number:	CM14-0018316		
Date Assigned:	04/18/2014	Date of Injury:	07/01/2013
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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 Interventional Spine, 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 patient is a 65 year old with an injury date on 7/1/13. Based on the 12/20/13 progress report provided by [REDACTED] the diagnoses are: 1. L-spine sprain/strain with radiculitis 2. Status post left wrist fracture 3. Status post open reduction internal fixation of left wrist on 7/17/13 Exam on 11/20/13 showed "scar on dorsal aspect of wrist. Diffuse tenderness to palpation particularly at radioulnar joint and distal aspect of ulna. Still has restriction of palmar flexion and dorsiflexion of wrist secondary to stiffness. Exam of L-spine reveals 3+ tenderness and spasms over paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. 3+ pain over spinous processes from L4-S1 bilaterally. Straight leg raise is positive at 70 degrees bilaterally with localized pain. Kemp's test positive bilaterally. 3+ pain on flexion and extension." X-rays on 8/13/13 showed orthopedic hardware in the distal radius, and no evidence of hardware failure, infection, or loosening. There were no EMG/NCV studies or MRIs provided in reports. [REDACTED] is requesting acupuncture L-spine, acupuncture bilateral legs, physical therapy left wrist, electromyography lower extremities, nerve conduction velocities lower extremities. The utilization review determination being challenged is dated 1/30/14 and refutes acupuncture request due to lack of documentation of med reduction, physical therapy for wrist due to being 6 months post surgery, and EMG/NCV due to lack of documentation of radiculopathy. [REDACTED] is the requesting provider, and he provided treatment reports from 7/13/13 to 1/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 8/9/13 report by [REDACTED], this patient presents with "frequent sharp stabbing pain in lower back. Pain located across waist and radiates down into legs and feet. Weakness, numbness, tingling in legs, rated at 8/10." The request is for acupuncture L-spine. Review of the reports do not show any prior acupuncture reports and it is not known whether or not the patient has had acupuncture in the past. The 12/20/13 report requests acupuncture but does not give an explanation. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the treater has asked for acupuncture L-spine but fails to specify amount of visits. The request is not medically necessary.

ACUPUNCTURE BILATERAL LEGS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 12/20/13 report by [REDACTED], this patient presents with "frequent sharp stabbing pain in lower back. Pain located across waist and radiates down into legs and feet. Weakness, numbness, tingling in legs, rated at 8/10." The request is for acupuncture bilateral legs. Review of the reports do not show any prior acupuncture reports and it is not known whether or not the patient has had acupuncture in the past. The 12/20/13 report requests acupuncture but does not give an explanation. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the treater has asked for acupuncture bilateral legs but fails to specify amount of visits. Therefore the request is not medically necessary

PHYSICAL THERAPY LEFT WRIST: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 86.

Decision rationale: According to the 8/9/13 report by [REDACTED], this patient presents with "dull aching pain in right wrist, radiating into hand and fingers." The request is for physical therapy left wrist. The 9/16/13 report states patient had 6 physical therapy sessions but still has problems

gripping with left wrist. The 10/14/13 report states patient is progressing, and is now reducing frequency of physical therapy in conjunction with home exercise to increase range of motion. The 11/20/13 report states "therapy is helping." The 1/16/14 report states patient is progressing with therapy, is functional with activities of daily living, but still has limitations. On 12/20/13, report states: "Patient is post-op almost five months ORIF of left wrist. Has limited range of motion, weakness and pain in left wrist. Therapy is helping. Requesting additional physical therapy once a week for four weeks." Patient is s/p wrist surgery from 7/17/13 for open reduction and internal fixation per 10/14/13 report. MTUS guidelines recommend 16 sessions within 4 months but allow additional therapy if functional improvement is proven. In this case, patient appears to be responding to treatment and shows functional improvement in activities of daily living. The requested 4 additional sessions of therapy appear reasonable and is thus medically necessary.

ELECTROMYOGRAPHY OF THE LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the 8/9/13 report by [REDACTED], this patient presents with "frequent sharp stabbing pain in lower back. Pain located across waist and radiates down into legs and feet. Weakness, numbness, tingling in legs, rated at 8/10." The request is for electromyography lower extremities. Review of the reports do not show any evidence of EMG being done in the past. On 12/20/13, the report states: "I am requesting an EMG of lower extremities to rule out radiculopathy." Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. The review of the records do not show prior EMG/NCV studies. In this case, the treater has asked for EMG lower extremities which is reasonable considering in this case, patient presents with persistent radicular symptoms down bilateral legs, and is therefore medically necessary.

NERVE CONDUCTION VELOCITY STUDIES OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the 8/9/13 report by [REDACTED], this patient presents with "frequent sharp stabbing pain in lower back. Pain located across waist and radiates down into legs and feet. Weakness, numbness, tingling in legs, rated at 8/10." The request is for nerve conduction velocities lower extremities. Review of the reports do not show any evidence of NCV being done in the past. On 12/20/13, the report states: "I am requesting an NCV of lower

extremities to rule out radiculopathy." Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy.