

Case Number:	CM14-0120578		
Date Assigned:	08/06/2014	Date of Injury:	11/03/2010
Decision Date:	10/02/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family 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:

This is a 56-year-old female who reported an industrial injury on 11/3/2010, almost four (4) years ago, attributed to the performance of her usual and customary job tasks. The patient complained of pain in the wrists and hands with numbness and tingling along with neck pain, shoulder pain, elbow pain, and forearm pain. The patient was noted to have been treated with physical therapy, wrist braces, activity modifications, and medication. The objective findings on examination included tenderness to palpation over the bilateral wrists, bilateral hands and bilateral forearms; tenderness to palpation over the cervical spine; positive Tinel's and Phalen's test; decreased sensation involving the first through fourth digits. The previous electromyography/nerve conduction study (EMG/NCS) dated January 2014, revealed severe carpal tunnel syndrome (CTS) of the right wrist in moderate to severe CTS of the left wrist. X-rays of the bilateral wrists documented normal findings. The diagnoses included bilateral arms sprain/strain; bilateral elbow sprain/strain; bilateral wrist sprain/strain. The treatment plan included MRI of the bilateral wrists; EMG/NCV of the bilateral wrist; referral to a hand surgeon; and chiropractic care 3 times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): MRI, Indications for imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel syndrome chapter-MRI; forearm wrist and hand chapter-MRI

Decision rationale: The request for the MRI of the right/left wrist was not supported with objective evidence to support medical necessity for the effects of the cited industrial injury. The requested a MRI of the right/left wrist four years after the date of injury directed to the diagnosis of wrist sprain which is documented to be improving is not demonstrated to be medically necessary. The MRI of the right/left wrist was ordered to rule out a ligamentous tear. The patient has not been prescribed physical therapy/occupational therapy (PT/OT) and has not been demonstrated to have failed conservative care. The MRI is ordered as a screening examination to rule out "pathology" without the documentation of objective findings on examination to support medical necessity. There was no objective evidence documented to support medical necessity for an MRI of the wrists. The MRI was not ordered by a Hand Surgeon contemplating surgical intervention. There is no specific diagnosis provided to the right/left hand/wrist other than a "sprain." The x-rays were normal. The request for a MRI was not supported by documented objective findings on examination. There are no objective findings on examination to support the medical necessity of the requested MRI study and no objective findings consistent with a Triangular Fibrocartilage Complex (TFCC) tear or a ligament tear consistent with the cited mechanism of injury. The MRI was being used as a screening tool. The patient is reporting persistent pain; however, there is no evidence of participation in HEP. The treatment plan for the patient is not demonstrated to be based on the results of the MRI. There is no documentation of possible TFCC and intraosseous ligament tears, occult fractures, or avascular neurosis to support the medical necessity of a MRI of the right/left wrist. The provided diagnoses do not support the medical necessity of the requested MRI of the wrist or hand other than the screening for the possibility of a TFCC tear with no objective findings on examination. There was no demonstrated medical necessity for the MRI of the bilateral wrists.

Electromyography (EMG) of bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 228.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261; 303; 301, 298, 48; 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal Tunnel Syndrome--EDS

Decision rationale: The request for the authorization of the EMG of the bilateral upper extremities is not supported with sufficient objective clinical findings that would contribute to the future treatment plan of the patient and is not supported by any changes in objective findings

documented on examination. There are no documented progressive neurological deficits to support the medical necessity of Electrodiagnostic studies. The evaluation to rule out a peripheral nerve entrapment or cervical radiculopathy is not supported with the documented objective findings documented on examination. There is no demonstrated medical necessity for the requested Electrodiagnostic studies without the failure of conservative treatment. There are no objective or subjective findings documented that require immediate Electrodiagnostic studies as no surgical intervention is contemplated and the patient has not failed injections and HEP. The Electrodiagnostic studies were ordered due to reported decreased sensation along the digits with positive Tinel's testing. There are no documented changes in the neurological status of the patient that would require Electrodiagnostic studies in addition to the previously obtained Electrodiagnostic studies during January 2014. The clinical narrative documented that the Electrodiagnostic studies were ordered as screening studies. There is no demonstrated medical necessity for the requested EMG screening examination, as the patient has not been demonstrated to have any changes in clinical status since the January 2014 EMG. The provider has documented no objective findings on examination to be further evaluated with Electrodiagnostic studies prior to the provision of conservative treatment. There are subjective findings; however, there are no significant neurological deficits documented that require Electrodiagnostic studies. The Electrodiagnostic test is ordered as a screening test. There is no contemplated surgical intervention for a cervical radiculopathy or peripheral nerve entrapment neuropathy. There is no demonstrated impending surgical intervention being contemplated and the patient has not completed ongoing conservative care. There is no objective evidence that the patient has median or ulnar entrapment neuropathy that would qualify for surgical intervention. The EMG is for diagnostic purposes for cervical radiculopathy or peripheral nerve compression neuropathy, which are not documented by objective findings. The EMG would be helpful to assess the medical necessity of a peripheral nerve decompression; however, the patient has not been demonstrated to have failed conservative treatment. There is no medical necessity for the requested Electrodiagnostic studies for the evaluation of the patient at this time prior to the provision of conservative treatment. The current clinical objective findings did not demonstrate a significant change in the clinical status of the patient as to nerve entrapment neuropathies and there was not rationale for the requested Electrodiagnostic study other than to "rule out" a nerve compression neuropathy or a nerve root impingement neuropathy with a screening study. There were no documented clinical changes or objective findings to support the medical necessity of a repeated EMG/NCS study of the bilateral upper extremities. The EMG would only be necessary to evaluate for the medical necessity of surgical intervention for moderate to severe symptoms with objective findings documented on examination. The criteria recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the use of Electrodiagnostic studies for the BUEs were not documented by the requesting provider. There was no demonstrated objective evidence, such as, a neurological deficit or change in status is that supports the authorization of EMG studies. There is no demonstrated medical necessity to evaluate for a bilateral upper extremity radiculopathies or peripheral neuropathies based on the objective findings documented.

Nerve Conduction Velocity (NCV) of bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261; 303, 301, 298; 48; 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--

EMG; Carpal Tunnel syndrome EDS;

Decision rationale: The request for the authorization of the NCS of the bilateral upper extremities is not supported with sufficient objective clinical findings that would contribute to the future treatment plan of the patient and is not supported by any changes in objective findings documented on examination. There are no documented progressive neurological deficits to support the medical necessity of Electrodiagnostic studies. The evaluation to rule out a peripheral nerve entrapment or cervical radiculopathy is not supported with the documented objective findings documented on examination. There is no demonstrated medical necessity for the requested Electrodiagnostic studies without the failure of conservative treatment. There are no objective or subjective findings documented that require immediate Electrodiagnostic studies as no surgical intervention is contemplated and the patient has not failed injections and HEP. The Electrodiagnostic studies were ordered due to reported decreased sensation along the digits with positive Tinel's testing. The patient however, was permanent stationary and the cited date of injury is four (4) years ago. There are no documented changes in the neurological status of the patient that would require Electrodiagnostic studies. The clinical narrative documented that the Electrodiagnostic studies were ordered as screening studies. There is no demonstrated medical necessity for the requested NCS screening examination. There are no clinical changes documented since the prior electrodiagnostic study during January 2014. The provider has documented no objective findings on examination to be further evaluated with Electrodiagnostic studies prior to the provision of conservative treatment. There are subjective findings; however, there are no significant neurological deficits documented that require Electrodiagnostic studies. The Electrodiagnostic test is ordered as a screening test. There is no contemplated surgical intervention for a cervical radiculopathy or peripheral nerve entrapment neuropathy. There is no demonstrated impending surgical intervention being contemplated and the patient has not completed ongoing conservative care. There is no objective evidence that the patient has median or ulnar entrapment neuropathy that would qualify for surgical intervention. The NCS is for diagnostic purposes for cervical radiculopathy or peripheral nerve compression neuropathy, which are not documented by objective findings. The NCS would be helpful to assess the medical necessity of a peripheral nerve decompression; however, the patient has not been demonstrated to have failed conservative treatment. There is no medical necessity for the requested Electrodiagnostic studies for the evaluation of the patient at this time prior to the provision of conservative treatment. The current clinical objective findings did not demonstrate a significant change in the clinical status of the patient as to nerve entrapment neuropathies and there was not rationale for the requested Electrodiagnostic study other than to "rule out" a nerve compression neuropathy or a nerve root impingement neuropathy with a screening study. There were no documented clinical changes or objective findings to support the medical necessity of a repeated NCS/NCS study of the bilateral upper extremities. The NCS would only be necessary to evaluate for the medical necessity of surgical intervention for moderate to severe symptoms with objective findings documented on examination. The criteria recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the use of Electrodiagnostic studies for the BUEs were not documented by the requesting provider. There was no demonstrated objective evidence, such as, a neurological deficit or change in status is that supports the authorization of NCS studies. There is no demonstrated medical necessity to evaluate for a bilateral upper extremity radiculopathies or peripheral neuropathies based on the objective findings documented.

Referral to a hand surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupational

and Environmental Medicine) (text, page 127) Official Disability Guidelines (ODG), evaluation & management (E&M)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 page 127; Official Disability Guidelines (ODG) Shoulder Chapter--impingement surgical intervention

Decision rationale: There is no documented surgical lesion to the bilateral wrists that would require surgical intervention as the patient does not meet the California MTUS requirements for surgical interventions for cited diagnoses. There is no demonstrated medical necessity for an evaluation by a Hand Surgeon as requested by the treating physician until the patient has been provided occupational therapy to relieve the reported symptoms. The request for consultation was requested by the treating physician as an initial treatment without any provided occupational therapy. The patient has not been demonstrated to have a surgical lesion and has not completed conservative treatment with continued participation in HEP. The patient has not been demonstrated to have a surgical lesion and has not been documented to have the criteria recommended for surgical intervention or for a corticosteroid injection. There is no demonstrated medical necessity for the present request for a Hand surgeon opinion in relation to the treatment of the right wrist/elbow for the effects of the industrial injury for a consultation based on the initial evaluation of the patient. There were no documented objective findings consistent with a surgical lesion that would benefit from immediate surgical intervention. The ongoing conservative treatment was not demonstrated to have failed and the patient is documented to be improving. There is no demonstrated medical necessity for a consultation with a hand surgeon.

Chiropractic 3x4 (3 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic manipulation: Carpal Tunnel Syndrome Chapter and Forearm, Wrist, & Hand Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-manipulation

Decision rationale: The request for chiropractic care for bilateral wrists and hands is inconsistent with the recommendations of the ACOEM Guidelines. There is no medical necessity for chiropractic maintenance care for this patient. The CA MTUS does not recommend chiropractic treatment for the wrist; hand; elbow; or shoulder. There is no demonstrated medical necessity of chiropractic care for the cited diagnoses. There is no provided objective evidence that his peer reviewed and accepted by the national medical community in order to override the evidence-based guidelines. The treatment of chronic pain to the neck and upper extremity with chiropractic care/CMT is not recommended by evidence-based guidelines as only acute pain issues are recommended to be treated with chiropractic care/CMT. The updated chronic pain chapter (8/8/08) of the ACOEM Guidelines only recommends chiropractic treatment for acute and subacute back/neck and upper back/neck pain. The patient has chronic neck pain with a radiculopathy and the CA MTUS and the ACOEM Guidelines do not recommend chiropractic CMT for the treatment of chronic neck pain or cervical radiculopathies. The patient has been provided more physiotherapy than recommended by the CA MTUS. There is no demonstrated

medical necessity for 3 times 4 sessions of chiropractic care directed to the bilateral wrists.