MAXIMUS Federal Services

Case Number:	CM14-0142416		
Date Assigned:	09/10/2014	Date of Injury:	08/23/2010
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 New York. 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 claimant is a 54 year old female who sustained an industrial injury on 08/23/2010. The mechanism of injury was repeated falls injuring both knees and the right wrist. Her diagnoses include bilateral knee pain and right wrist pain. She continues to complain of right wrist pain and bilateral knee pain. On physical exam the claimant ambulates using a single-point cane in the right hand and wearing a left Breg knee brace. Strength of the left lower extremity is +4/5 and limited secondary to pain. Right wrist is tender to pressure in the wrist joint at the base of the thumb and across the hand to deep palpation. Left knee has mild edema and limited flexion and extension secondary to pain. There is also mild ankle edema on the left. Treatment has included medical therapy with Cymbalta, Naproxen, Gabapentin, Orphenadrine and Temazepam.The treating provider has requested an EMG of the right upper extremity, a functional restoration program evaluation and gym membership with a heated pool for an independent exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for EMG/NCV testing 2010

Decision rationale: There is no documentation provided necessitating right upper extremity EMG testing. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, EMG studies are are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. The documentation indicates that there is insufficient evidence of sensory changes in the median nerve distribution Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Functional Restoration Program.

Decision rationale: Per the reviewed guidelines functional restoration programs are recommended where there is access to programs with proven successful outcomes and for patient with conditions that put them at a risk of delayed recovery.In this case there is insufficient evidence of functional limitations on examination to support participation in a functional restoration program. The claimant has pain and her muscle strength is within functional limits. Her ongoing deficits are minimal. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Gym Membership with a Heated Pool for Independent Exercise Program: 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) ODG updated 6/12

Decision rationale: Per the Official Disability Guidelines, a gym membership is not recommended unless a home exercise program has not been effective and there is a need for specific equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as a gym membership with heated pool access is not recommended. There is no documentation provided which includes a specific exercise program which requires a gym membership with heated pool

access for the treatment of the claimant's chronic pain condition. Medical necessity for the requested service has not been established. The requested service is not medically necessary.