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| Case Number: | CM14-0027454 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 02/28/2012 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 03/04/2014 |

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 & Rehab and is licensed to practice in Illinois. 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 58-year-old male with a reported injury on 02/28/2012. The mechanism of injury was not provided. The injured worker had an examination on 01/24/2014 with complaints bilaterally to his wrist and hands with problems gripping, grasping, pushing, pulling and typing activities. He did rest and a home exercise program which decreased his symptoms but he still was waiting for his bilateral thumb surgery. There was not a list of medications provided. Previous treatment does include cold packs, right wrist brace, home exercise programs, and physical therapy. The injured worker did have an MRI in 2012. There was a previous bilateral EMG on 08/09/2012 which showed results consistent with carpal tunnel syndrome. There were x-rays obtained on 01/24/2014 but the results were not provided. The objective findings upon exam there was a positive Phalen's and Tinel's test on the left. The diagnoses included right shoulder strain, left shoulder strain, bilateral wrist strain and tenosynovitis, bilateral thumb strain and carpal tunnel syndrome. The requested plan of treatment was for authorization for an injection of the left finger for the tenosynovitis. The request for authorization for an EMG of the bilateral extremities and for the x-ray of the bilateral wrist and the range of motion bilaterally was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The request for the electromyography of the bilateral upper extremities is non-certified. The injured worker complains of pain to the bilateral wrist and thumbs and complains of pain that increases while grasping, gripping, pushing, pulling and typing activities. Examination revealed positive Phalen's and Tinel's test on the left and was diagnosed with a wrist strain and has carpal tunnel syndrome. There has been previous treatment of cold packs, right wrist brace, home exercise program and physical therapy. The injured worker did have a previous electromyography done on 08/09/2012 that is consistent with carpal tunnel syndrome. The CA MTUS/ACOEM Guidelines do recommend electromyography test in more difficult case for further diagnosis. The guidelines state that it may be helpful to confirm Carpal tunnel syndrome. The injured worker is diagnosed with carpal tunnel syndrome and the injured worker is awaiting tenosynovitis surgery. Also, there was an electromyography already done on 08/09/2012 which was consistent of carpal tunnel syndrome and there was no further evidence that another electromyography would be needed. The documentation provided lacked examination findings of the right upper extremity to support neurological deficits and support electrodiagnostic studies of the right upper extremity. Therefore, the request for the electromyography of bilateral upper extremities is non-certified.

RETROSPECTIVE X-RAYS BILATERAL WRISTS DOS 1/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm,wrist, hand, radiography.

Decision rationale: The request for the retrospective x-rays bilaterally of the wrist is non-certified. The injured worker complains of pain to the bilateral wrist and thumbs and complains of pain that increases while grasping, gripping, pushing, pulling and typing activities. The injured worker does have a wrist strain and has carpal tunnel syndrome. There has been previous treatment of cold packs, right wrist brace, home exercise program and physical therapy. The CA MTUS/ACOEM Guidelines recommend radiographic films in the case of a wrist injury with snuff box tenderness, but minimal other findings. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. There was no evidence of a possible fracture in the documentation. In the Official Disability Guidelines the radiography for the wrist is recommended if there is acute hand or wrist trauma or a suspected fracture or dislocation. Also, the injured worker has already had a previous MRI in 2012 and a previous electromyography in 2012 which showed the wrists were consistent with carpal tunnel syndrome. Therefore, there was no need for x-rays done on 01/24/2014. Therefore, the request for the retrospective x-rays bilaterally to the wrist is non-certified.

**RETROSPECTIVE RANGE OF MOTION BILATERAL UPPER EXTREMITIES DOS
1/24/2014: 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) neck and upper back, flexibility.

Decision rationale: The request for the retrospective range of motion bilaterally to the upper extremities from 01/24/2014 is non-certified. The injured worker complains of pain to the bilateral wrist and thumbs and complains of pain that increases while grasping, gripping, pushing, pulling and typing activities. The injured worker does have a wrist strain and has carpal tunnel syndrome. There has been previous treatment of cold packs, right wrist brace, home exercise program and physical therapy. The California MTUS and ACOEM guidelines do not address the request. The official Disability Guidelines do not recommend as a primary criteria. The relation between range of motion measures and functional ability is weak or nonexistent. There was no activity deficit and functional deficit provided. The injured worker was on a home exercise program but the details on the efficacy of that was not provided also. Furthermore, the request does not specify duration and frequency. Therefore, the request for the retrospective range of motion bilaterally to the upper extremities is non-certified.