

Case Number:	CM14-0042513		
Date Assigned:	06/30/2014	Date of Injury:	04/17/2011
Decision Date:	08/20/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/09/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 39 year old female who sustained injuries to her left upper extremity and buttocks while coming down a ladder, the injured worker slipped and fell on 04/17/11. Plain radiographs reportedly revealed fracture of the coccyx. MRI of the left wrist dated 01/27/14 revealed small ganglion cyst at the radial styloid; mild peritendinosis of the first flexor tendon; small amount of fluid at the proximal intercarpal ligament of indeterminate significance; MRI of the lumbar spine dated 01/27/14 revealed subligamentous disc protrusion at L5-S1 without canal or neural foraminal stenosis. Treatment to date has included medications and a donut pillow. Clinical note dated 05/21/14 reported that the injured worker continued to complain of pain in the low back and left hand. Physical examination noted ambulation with ginger gait, but no evidence of antalgic limp; orthopedic testing could not be done at this time because of severe discomfort in her coccyx; left hand showed loss of strength; reasonable range of motion; subjective weakness; no particular neurological loss in the peripheral nerves of her lumbar spine; reasonable range of motion, although it was difficult to evaluate with pregnancy and coccygeal fracture; no loss or pain, touch sensation and no dermatomal loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) Left 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) Neck and upper back chapter, Electromyography (EMG).

Decision rationale: The request for an EMG of the left upper extremity at the treating physician stated the pain was radicular, but did not provide detail on distribution, i.e.: dermatomal. The treating physician stated that he could not perform orthopedic testing because the injured worker could not lay down flat. The treating physician did not find any focal neurological deficits. The treating physician stated that the injured worker noted left wrist pain and that Tinel was unequivocal. Given that the injured worker had been afforded an adequate evaluation via MRI for her complaints of pain, the subjective complaints and findings are not suggestive of specific pathology; therefore, it was unclear how electrodiagnostic testing would be helpful when the symptoms are ill defined and the findings are non-localizing. After reviewing the submitted clinical information provided for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for EMG/NCV of left upper extremity and bilateral lower extremities is not indicated as medically necessary.

EMG (Electromyography) Bilateral lower extremities: 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) Low back chapter, EMGs.

Decision rationale: The treating physician stated the pain was radicular, but did not provide detail on distribution, i.e.: dermatomal. The treating physician stated that he could not perform orthopedic testing because the injured worker could not lay down flat. The treating physician did not find any focal neurological deficits. The treating physician stated that the injured worker noted left wrist pain and that Tinel was unequivocal. Given that the injured worker had been afforded an adequate evaluation via MRI for her complaints of pain, the subjective complaints and findings are not suggestive of specific pathology; therefore, it was unclear how electrodiagnostic testing would be helpful when the symptoms are ill defined and the findings are non-localizing. After reviewing the submitted clinical information provided for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for EMG of the bilateral lower extremities is not indicated as medically necessary.

NCV Left 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) Neck and upper back chapter, Nerve conduction studies (NCS).

Decision rationale: The treating physician stated the pain was radicular, but did not provide detail on distribution, i.e.: dermatomal. The treating physician stated that he could not perform orthopedic testing because the injured worker could not lay down flat. The treating physician did not find any focal neurological deficits. The treating physician stated that the injured worker noted left wrist pain and that Tinel was unequivocal. Given that the injured worker had been afforded an adequate evaluation via MRI for her complaints of pain, the subjective complaints and findings are not suggestive of specific pathology; therefore, it was unclear how electrodiagnostic testing would be helpful when the symptoms are ill defined and the findings are non-localizing. After reviewing the submitted clinical information provided for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for NCV of left upper extremity is not indicated as medically necessary.

NCV Bilateral Lower extremities: 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) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: The treating physician stated the pain was radicular, but did not provide detail on distribution, i.e.: dermatomal. The treating physician stated that he could not perform orthopedic testing because the injured worker could not lay down flat. The treating physician did not find any focal neurological deficits. The treating physician stated that the injured worker noted left wrist pain and that Tinel was unequivocal. Given that the injured worker had been afforded an adequate evaluation via MRI for her complaints of pain, the subjective complaints and findings are not suggestive of specific pathology; therefore, it was unclear how electrodiagnostic testing would be helpful when the symptoms are ill defined and the findings are non-localizing. After reviewing the submitted clinical information provided for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for NCV bilateral lower extremities is not indicated as medically necessary.