

Case Number:	CM14-0074403		
Date Assigned:	07/16/2014	Date of Injury:	01/25/2011
Decision Date:	09/10/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 54 year old male with date of injury 1/25/2011. The mechanism of injury is described as overuse. The patient has complained of bilateral hand pain with radiation to the bilateral shoulders since the date of injury. He has had bilateral carpal tunnel release surgery and has also been treated with physical therapy and medications. Postoperative EMG/NCS of the bilateral upper extremities performed in 2012 reveal mild carpal tunnel syndrome bilaterally. There are no radiographic reports included for review. Objective: pain with light touch of the dorsum of the bilateral hands and fingers, positive Tinel's sign bilaterally. Diagnoses: Regional sympathetic dystrophy syndrome, carpal tunnel syndrome, myofascial pain. Treatment plan and request: Functional capacity evaluation for baseline testing as part of functional restoration program, Needle EMG 2 extremities, Motor NCS upper extremities, Sensory NCS upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for baseline testing as part of the Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCTIONAL RESTORATION PROGRAMS Page(s): 49.

Decision rationale: This 54 year old male has complained of bilateral hand pain with radiation to the bilateral shoulders since date of injury. He has had bilateral carpal tunnel release surgery and has also been treated with physical therapy and medications. The current request is for Functional Capacity Evaluation for baseline testing as part of functional restoration program. Per the MTUS guidelines cited above there is no recommendation for a functional capacity evaluation for baseline testing as part of the Functional restoration program evaluation. There is no provider documentation discussing the rationale for the medical necessity of functional capacity testing. On the basis of this lack of documentation and the cited MTUS Guidelines therefore a Functional Capacity Evaluation is not medically necessary.

Needle Electromyography; 2 extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist and hand complaints Page(s): 261, 265.

Decision rationale: This 54 year old male has complained of bilateral hand pain with radiation to the bilateral shoulders since date of injury. He has had bilateral carpal tunnel release surgery and has also been treated with physical therapy and medications. The current request is for Needle EMG 2 extremities. The available medical records do not provide documentation of provider rationale for obtaining repeat EMG/ NCV studies. On the basis of this lack of documentation the Needle Electromyography 2 extremities is not medically necessary.

Motor NCS of upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist and hand complaints Page(s): 261, 265.

Decision rationale: This 54 year old male has complained of bilateral hand pain with radiation to the bilateral shoulders since date of injury. He has had bilateral carpal tunnel release surgery and has also been treated with physical therapy and medications. The current request is for Motor NCS upper extremities. The available medical records do not provide documentation of provider rationale for obtaining repeat Motor NCS upper extremities. On the basis of this lack of documentation the Motor NCS upper extremities is not medically necessary.

Sensory NCS of upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist and hand complaints Page(s): 261, 265.

Decision rationale: This 54 year old male has complained of bilateral hand pain with radiation to the bilateral shoulders since date of injury. He has had bilateral carpal tunnel release surgery and has also been treated with physical therapy and medications. The current request is for Sensory NCS Upper extremities. The available medical records do not provide documentation of provider rationale for obtaining repeat Sensory NCS Upper extremities. On the basis of this lack of documentation the Sensory NCS Upper extremities is not medically necessary.