

Case Number:	CM14-0078469		
Date Assigned:	07/18/2014	Date of Injury:	04/01/2010
Decision Date:	12/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/28/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50 year old female with an injury date on 04/01/2010. Based on the 04/29/2014 hand written Doctors first report provided by the treating physician, the diagnoses are:1. S/P left CTR, basilar joint arthroplasty2. S/P right CTR, basilar joint arthroplasty times 33. R/O internal derangement4. R/O recurrent CTSAccording to this report, the patient complains of "pain in hands, numbness, weakness, a lot of movement." Objective findings include "evaluation, X-ray and measurements." The 03/28/2014 report indicates patient has "tried conservative treatment including topical anti-inflammatories and injections," and various splints to try to reduce the patient discomfort. Patient has "little or no improvement;" "despite many month off of work and trials of conservative treatment postoperatively, the patient did not seem to improve." An MRI of the cervical spine was ordered on 10/11/2013. "The MRI show a 2mm C5-C6 disc bulge." EMG studies of the upper extremities were then obtained; "the results all fell within normal limits. The EMG report was not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request for on 05/08/2014. The requesting physician provided treatment reports from 01/09/2014 to 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit (4-6 MOS): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 04/29/2014 report, this patient presents with pain in the bilateral hand with numbness and weakness. The current request is for follow up visit (4-6months). Regarding treatments sessions, MTUS guidelines page 8 states that the treating physician must monitor the patient and provide appropriate treatment recommendations. In this case, the patient has chronic pain affecting the hands with history of multiple surgeries; the requested for follow up visit (4-6months) appear reasonable. The request is medically necessary.

EMG of right upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: According to the 04/29/2014 report, this patient presents with pain in the bilateral hand with numbness and weakness. The current request is for EMG of the right upper extremity. The UR denial letter states "The recent EMG/NCV testing on 02/06/2014 was normal. There is no clear rationale indicating why repeat EMG needs to be done." Regarding neurodiagnostic study, ACOEM guidelines state "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Review of the reports show the patient had an EMG/NCV study done recently with result of "within normal limits." In this case, the treating physician has failed to document any significant worsening of this patient's condition, no new injury or diagnosis is provided and there are no red flags documented to indicate the need for a repeat EMG.

NCV of right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: According to the 04/29/2014 report, this patient presents with pain in the bilateral hand with numbness and weakness. The current request is for NCV of right upper extremity. The UR denial letter states "The recent EMG/NCV testing on 02/06/2014 was normal.

There is no clear rationale indicating why a repeat EMG needs to be done. "Regarding neurodiagnostic study, ACOEM guidelines state "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Review of the reports show the patient had an EMG/NCV study done recent with result of "within normal limits." In this case, the treating physician has failed to document any significant worsening of this patient's condition, no new injury or diagnosis is provided and there are no red flags documented to indicate the need for a repeat EMG. The request is not medically necessary.

MRI of bilateral wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Imaging Page(s): 52. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand (Acute and Chronic) chapter, MRI's (magnetic resonance imaging)

Decision rationale: According to the 04/29/2014 report, this patient presents with pain in the bilateral hand with numbness and weakness. The current request is for MRI of bilateral wrists / hands. The utilization review denial letter states "No rationale for the testing is proved. No diagnosis is suggested and it is not clear what is being sought by the MRIs." Regarding MRI of the wrist/hands, ODG guidelines state that imaging is indicated due to acute hand or wrist trauma, if plain films are normal and there is a suspect of acute distal radius fracture scaphoid fracture, gamekeeper injury (thumb MCP ulnar collateral ligament injury), or chronic wrist pain with suspect soft tissue tumor or suspect of Kienback's disease. In this case, the treating physician does not discuss the suspicion. For scaphoid fracture, ligament injury, tumor or significant change in symptoms suggestive of significant pathology. At this time there is no indication for MRI of the bilateral wrist/hands. The request is not medically necessary.