

Case Number:	CM14-0082880		
Date Assigned:	07/21/2014	Date of Injury:	01/21/2014
Decision Date:	09/22/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/04/2014

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 and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 33-year-old male who reported an injury when he cut his thumb on a steel shelf on 01/21/2014. On 04/10/2014, his diagnoses included status post right thumb laceration and right thumb tendon tear repair. He underwent surgery to repair the right hand/thumb tendon tear on 01/30/2014 and subsequent to that he attended physical therapy sessions twice a week, the last of which was on 03/27/2014. Upon examination, a surgical scar was seen which was tender, discolored, and numb. The injured worker complained of dull aching pain in the wrist, hand, and fingers which was constant and radiated to the elbow. It was aggravated with gripping and grasping, torquing motions, flexion and extension of the wrist or hands, pinching, fine finger manipulation, driving, and repetitive use of the upper extremities. He reported that due to his injury, he had pain with dressing, especially with trying to manipulate buttons and zippers, putting on his pants, tying his shoes, shampooing his hair, opening and closing doors, opening and closing jars, and other household chores, including cleaning, laundry, and food preparation. His ranges of motion of his fingers measured with an inclinometer were equal bilaterally. X-rays of the right hand, wrist, and thumb revealed no evidence of fractures and anatomical alignment was noted. The treatment plan included beginning trials of a proton-pump inhibitor, NSAIDs, and Neurontin 300 mg together with Cidaflex of an unknown dosage. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY (EVAL, RE EVAL, EXERCISE) 12 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for therapy (eval, re eval, exercise) 12 visits is not medically necessary. The California MTUS Guidelines recommend postsurgical physical therapy. The initial course of therapy means 1/2 the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. For extensor tendon repair of the hand, the recommendation for postsurgical treatment is 18 visits over 4 months. Half that number would be 9 visits, and the documentation showed that this worker had already completed 16 visits. The request for an additional 12 visits exceeds the recommendations in the Guidelines. Additionally, the request did not specify a body part or body parts that this therapy was to have treated. Therefore, this request for therapy (eval, re eval, exercise) 12 visits is not medically necessary.

MRI EXTREMITIES ARM/LEG WITH CONTRAST HAND AND WRIST: 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), Forearm, Wrist, & Hand, MRI's (magnetic resonance imaging).

Decision rationale: The request for MRI extremities arm/leg with contrast hand and wrist is not medically necessary. The Official Disability Guidelines recommend magnetic resonance imaging for the hand as indicated for acute hand or wrist trauma suspected fractures if immediate confirmation or exclusion of fracture is required. X-rays of this injured worker's hand showed no fracture. He had already undergone surgery and was recuperating from that. Additionally, the request mentioned leg included in the MRI request and there is no submitted documentation of any problem with this worker's leg related to his industrial injury. The clinical information submitted failed to meet the evidence-based guidelines for MRI. Therefore, this request for MRI extremities arm/leg with contrast hand and wrist is not medically necessary.

NCV BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The request for NCV (nerve conduction velocity) of bilateral upper extremities is not medically necessary. The California ACOEM Guidelines suggest that nerve

conduction velocity studies are not recommended for all acute, subacute, and chronic hand, wrist, and forearm disorders. Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. The injured worker only had involvement of his right thumb. There was no justification for ordering a test of the bilateral upper extremities. The need for bilateral NCV of the upper extremities was not clearly demonstrated in the submitted documentation. Therefore, this request for NCV (nerve conduction velocity) of bilateral upper extremities is not medically necessary.

EMG BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The request for EMG (electromyography) of bilateral upper extremities is not medically necessary. The California ACOEM Guidelines suggest that EMG studies are not recommended for all acute, subacute, and chronic hand, wrist, and forearm disorders. Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. The injured worker only had involvement of his right thumb. There was no justification for ordering a test of the bilateral upper extremities. The need for bilateral EMG of the upper extremities was not clearly demonstrated in the submitted documentation. Therefore, this request for EMG (electromyography) of bilateral upper extremities is not medically necessary.