

Case Number:	CM14-0084563		
Date Assigned:	07/21/2014	Date of Injury:	05/07/2010
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 injured worker is a 32-year-old male who was reportedly injured on May 27, 2010. The mechanism of injury was a slip and fall on a cardboard box. The most recent progress note dated May 19, 2014, indicated that there were ongoing complaints of headaches and numbness in the upper extremities. The physical examination demonstrated decreased cervical spine range of motion and multiple trigger points along the cervical paraspinal muscles and upper back. There was decreased sensation at the second, fourth, and fifth digits of the right hand as well as the medial aspect of the left forearm. Diagnostic nerve conduction studies of the bilateral upper extremities dated April 3, 2012 revealed bilateral median nerve neuropathy and left ulnar nerve neuropathy at the wrist. Previous treatment included a cervical spine discectomy and fusion of C5-C6 performed on May 9, 2011 as well as subsequent physical therapy. A request was made for nerve conduction studies of the bilateral upper extremities, a urine drug screen, and aquatic therapy and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat electromyography/nerve conduction velocity (EMG/NVC) studies of 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.

Decision rationale: According to the medical record, electromyogram/nerve conduction velocity studies have been already performed on April 3, 2012, which is 11 months after the date of the cervical spine surgery. Considering this, it is unclear why additional nerve conduction studies are needed. Without additional justification, this request for electromyogram/nerve conduction velocity studies of the bilateral upper extremities is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, this request for a urine drug screen is not medically necessary.

Aquatic therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: According to the California Medical Treatment Utilization Schedule Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. Considering that the injured employee has cervical spine pain radiating to the upper extremities, it is unclear how aquatic therapy can be provided for this non weight bearing region. Therefore, this request for 12 visits of aquatic therapy is not medically necessary.