MAXIMUS Federal Services

Case Number:	CM14-0193591		
Date Assigned:	12/01/2014	Date of Injury:	04/29/2013
Decision Date:	01/16/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/19/2014

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:

On 4/29/13 this 43 year old female complained of left arm pain, medial and lateral elbow pain with radiation to left shoulder, neck and left side of face after a slip and fall at work resulting in a distal radius fracture. Her diagnoses included fracture of distal radius, left wrist tendinitis and epicondylitis of the left elbow. She was casted, received 6 weeks of physical therapy and returned to full duty in July 2013. She continued to complain of left wrist pain. On 3/18/14, 6 occupational therapy visits, one elbow strap, one ice/heat gel pad and one follow up visit were certified. On 4/18/14 the diagnosis was lateral and medical epicondylitis of the left elbow and symptoms were resolving. The injured worker has reached maximum medical improvement and she was noted to be permanent and stationary. She returned to full duty. As of 9/19/14, the injured worker complained of numbness and tingling throughout her upper extremities which was suggestive of cervical radiculopathy. She had full range of motion with some guarding at the end range for wrist and elbow. There was tenderness on palpation in the medial epicondyle with mild tenderness in the forearm and dorsal wrist. On 10/20/14 the results of electro diagnostic studies were reviewed and results were consistent with cervical radiculopathy on the left side. Her medications include Diclofenac, naproxen and omeprazole. On 10/29/14 the injured worker returned to work on modified duty. On 10/27/14, the Utilization Review non-certified the requests. Treatment reports 9/19/14 through 11/5/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV UPPER EXTREMITY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

Decision rationale: This patient presents with left elbow pain and numbness and tingling in the upper extremities. The current request is for EMG/NCV UPPER EXTREMITIES. For EMG of the upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. There is an EMG/NVC from 10/20/14 that revealed cervical radiculopathy. It appears that the treating physical performed the EMG/NCV without prior authorization. In this case, patient has continued complaints of radiating pain into the upper extremities, and the treating physician was unclear if radiculopathy was present in this patient. This request IS medically necessary.

MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: This patient presents with left elbow pain and numbness and tingling in the upper extremities. The current request is for MRI. For special diagnostics, the ACOEM Guidelines states, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging study." The patient had an x-ray after her slip and fall, which revealed a fracture of her distal radius. In this case, the patient has not yet had an MRI of the cervical spine. This patient presents with continued upper extremity complaints with radicular symptoms including numbness and tingling. The treating physician is requesting an MRI of for further investigation. The requested MRI IS medically necessary.

Continuation of home exercise program and TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient presents with left elbow pain and numbness and tingling in the upper extremities. The current request is for CONTINUATION OF HOME EXERCISE AND TENS UNIT. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. Reports 10/13/14 and 10/2/14 noted that the patient is utilizing a TENS unit AND "it helps." There is no discussion regarding frequency of use, magnitude of pain reduction, and any functional changes. MTUS allows for extended use of the unit when there is documentation of functional improvement. This request IS NOT medically necessary.

1 Follow up visit for self TPT: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist/hand chapter has the following regarding paraffin wax baths

Decision rationale: This patient presents with left elbow pain and numbness and tingling in the upper extremities. The current request is for 1 FOLLOW UP VISIT FOR SELF TPT. Report dated 10/13/14 states that this is a request for "self TPT, paraffin." The MTUS and ACOEM Guidelines do not discuss paraffin unit specifically. However, ODG Guidelines under the wrist/hand chapter has the following regarding paraffin wax baths, "Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercise can be recommended for beneficial short-term effects for arthritic hands." The patient has continued wrist pain and has a diagnosis of wrist tendinitis. The patient has participated in occupation therapy and acupuncture. In this case, one follow up visit for self therapeutic patient treatment with paraffin IS medically necessary.