

Case Number:	CM14-0197271		
Date Assigned:	12/03/2014	Date of Injury:	04/29/2014
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/21/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 44-year-old female who reported an injury on 04/29/2014. The injury occurred when the injured worker slipped and cut the left wrist. She reported immediate pain in her arm, neck, and head. Her diagnoses include left hand/wrist tendinitis/bursitis, left shoulder bursitis and tendinitis, and cervical sprain/strain. Her past treatments include 9 visits of physical therapy, 6 sessions of acupuncture therapy, and NSAIDs. The diagnostic studies and surgical history were not provided within the documentation. On 10/08/2014, the patient presented with severe pain in her cervical spine, left shoulder, left wrist, and left hand. The objective findings revealed the cervical spine to have a +2 spasm, tenderness to the bilateral paraspinal musculature from C4-7, and a positive left shoulder depression test. The left shoulder had a +4 spasm and tenderness to palpation to the left upper shoulder musculature. She was also noted to have a positive left Codman's, Speed's and supraspinatus test. There was a +3 spasm and tenderness to the left anterior wrist, as well as a left positive bracelet test. The treatment plan included a recommendation for EMG/NCV of the upper left extremity based on the physical exam findings, a functional capacity evaluation, a psychosocial factor screening due to the symptoms persisting beyond the anticipated time of healing, and a 3D MRI of the left shoulder based on the physical exam findings and failed response to physical therapy. A Request for Authorization form was submitted for review on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Left Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for EMG/NCV testing of the left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines recommend special studies after a failed response of 3 to 4 weeks of conservative care. Additionally, the guidelines recommend electromyography and nerve conduction velocities as an option to identify subtle focal neurologic dysfunction in patients when neck or arm symptoms, or both, last more than 3 or 4 weeks. The injured worker reports ongoing cervical, left shoulder, and left wrist and hand pain following physical therapy and acupuncture treatment. However, there was a lack of documentation to show evidence of a failed response to conservative care. Although there were objective findings of physiologic evidence indicating nerve impairment, there was a lack of imaging studies to corroborate nerve impingement or compromise to necessitate an EMG/NCV study for further evaluation. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for EMG/NCV testing of the left upper extremity is not medically necessary.

MRI 3D of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 202.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for MRI 3D of the left shoulder is not medically necessary. The California MTUS/ACOEM Guidelines recommend special studies after a failed response to 4 to 6 weeks of conservative care. More specifically, the criteria for ordering imaging studies include an emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The injured worker has received physical therapy and acupuncture treatment. However, there was a lack of documentation to show a failed response to 4 to 6 weeks of conservative care. Therefore, the request for MRI 3D of the left shoulder is not medically necessary.

Functional improvement measure through a functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: The request for functional improvement measure through a functional capacity evaluation is not medically necessary. The Official Disability Guidelines recommend a functional capacity evaluation prior to admission of a work hardening program, with preference for assessments tailored to a specific task or job. Additionally, the guidelines indicate a functional capacity evaluation if there has been prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for a modified job, injuries that require detailed exploration of a worker's abilities, the injured worker is close to or at maximum medical improvement, and additional and secondary conditions have been clarified. The guidelines do not recommend a functional capacity evaluation for the sole purpose of determining a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. There was a lack of documentation to show unsuccessful attempt to return to work and conflicting medical reporting on precautions and/or fitness for a modified job. There was insufficient documentation of the injured worker's job requirements and job demand level. Additionally, the medical records do not clearly indicate if the injured worker has reached maximum medical improvement. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for functional improvement measure through a functional capacity evaluation is not medically necessary.

Psychosocial factors screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: The request for psychosocial factors screen is not medically necessary. The California MTUS Guidelines recommend psychological evaluations to distinguish between conditions that are pre-existing, aggravated by the current injury or work -related, and determine if further psychosocial interventions are indicated. The injured worker reported symptoms of ongoing pain beyond the anticipated time of healing. However, there was a lack of documentation to show evidence of psychological complaints impacting the injured worker's daily function and quality of life. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for psychosocial factors screen is not medically necessary.