

Case Number:	CM14-0035598		
Date Assigned:	06/23/2014	Date of Injury:	08/12/2012
Decision Date:	01/22/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Practice, and is licensed to practice in New Jersey and New York. 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 was injured on 8/12/12 when she slipped and fell landing on her buttocks and hitting her left hand on an open dumpster door. She complained of pain in her left arm from her elbow down to her fingers. She had an xray showing fracture of the basal metacarpal. On exam, she had spasm and tenderness of cervical muscles, decreased range of motion of cervical spine, decreased right and left triceps reflex, decreased sensation of left C5, C6, C7, C8 dermatome, and weakness of C5-T1 dermatomes. She had spasm and tenderness of the left shoulder muscles, decreased range of motion, mild swelling, tenderness, and spasm of the left elbow with decreased range of motion, left wrist and hand spasm and tenderness with decreased range of motion, and positive left Phalens, Tinels, and Finkelstein maneuvers. She was diagnosed with cervical disc herniation with myelopathy, carpal tunnel syndrome, lesion of left ulnar nerve, tendinitis of the left hand/wrist, rotator cuff syndrome of the left shoulder, lateral epicondylitis of the left elbow, and olecranon bursitis of the left elbow. She was taught home exercises as part of a patient education plan. The current request is for electrodiagnostic testing of bilateral upper extremities and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request is considered not medically necessary as stated. The patient had documented neurological deficits of the left upper extremity with decreased sensation of left C5, C6, C7, C8 dermatome, and weakness of C5-T1 dermatomes. However, there were no deficits noted of the right upper extremity except for decreased right triceps reflex which matched the decreased left triceps reflex. The injury occurred with the left upper extremity, not the right. Therefore EMG/NCV of bilateral arms is not necessary, so the request is considered not medically necessary as stated.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request is considered not medically necessary as stated. The patient had documented neurological deficits of the left upper extremity with decreased sensation of left C5, C6, C7, C8 dermatome, and weakness of C5-T1 dermatomes. However, there were no deficits noted of the right upper extremity except for decreased right triceps reflex which matched the decreased left triceps reflex. The injury occurred with the left upper extremity, not the right. Therefore EMG/NCV of bilateral arms is not necessary, so the request is considered not medically necessary as stated.

Qualified functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guideline, TWC Fitness for Duty Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Functional capacity evaluation

Decision rationale: As per MTUS guidelines, consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." A functional capacity evaluation may be necessary to "obtain a more precise

delineation of patient capabilities than is available from routine physical examination." As per ODG guidelines, a functional capacity evaluation is "recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job." And it is not recommended for "routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." As per the chart, the appeal indicated that the evaluation was necessary to obtain a measure that could be used repeatedly over the course of treatment to demonstrate improvement in function, of maintenance of function, which is not an indication for functional capacity evaluations. There is no documentation that the patient is being admitted to a work hardening program or close or at MMI. Therefore, the request is considered not medically necessary.