

Case Number:	CM14-0092780		
Date Assigned:	08/08/2014	Date of Injury:	11/08/2013
Decision Date:	01/02/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 Orthopaedic Surgery 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:

This 59-year-old female [REDACTED] sustained an industrial injury on 11/8/13. Injury was reported relative to repetitive use of the bilateral upper extremities. Past surgical history was positive for multiple finger surgeries since 2006, including right side index and middle finger distal interphalangeal (DIP) joint, and little finger proximal interphalangeal (PIP) and DIP joint fusions, and left little finger PIP and DIP joint fusions. The patient underwent right small finger hardware removal on 1/7/14, and right index finger DIP fusion on 5/1/14. The 5/12/14 initial treating physician report cited intermittent moderate cervical pain radiating down both upper extremities to the hands, right greater than left, with numbness and tingling into the arms. There was frequent moderate to severe shoulder pain radiating to her arms and wrist/hand pain radiating to the fingers, greater on the right, with numbness, tingling, cramping and weakness. Functional difficulty was noted in all activities of daily living. In general, pain was increased with overhead and repetitive activities, and relieved by rest and medications. Cervical spine exam documented increasing pain towards end ranges, no tenderness to palpation, no muscle guarding or spasms, and negative provocative testing. Bilateral shoulder exam documented symmetrical loss of range of motion with flexion 150, abduction 130, and internal/external rotation 70 degrees. There was no tenderness to palpation and no painful arc of motion. Neer's and Hawkins' tests were positive bilaterally. The bilateral wrist/hand exam documented normal motion, no tenderness to palpation, and Katz hand diagram scores consistent with classic bilateral carpal tunnel syndrome. Phalen's and Durkan's tests were positive bilaterally. Grip strength was 8/6/4 kg right and 10/14/16 kg left. There was normal bilateral upper extremity strength, reflexes, and sensation. X-rays of the cervical spine and bilateral shoulders were within normal limits. The diagnosis included bilateral shoulder impingement syndrome, cervical strain/rule-out cervical radiculopathy, and rule-out bilateral carpal tunnel syndrome. The

treatment plan recommended physical therapy/occupational therapy 2 to 3 times per week for 6 weeks, cervical spine and bilateral shoulder MRIs, upper and lower extremity EMG/NCV, and follow-up in 4 to 6 weeks. The patient was unable to work. The 5/30/14 utilization review denied the requests for occupational therapy, MRI studies of the cervical spine and bilateral shoulders, and upper and lower extremity EMG/NCV based on an absence of a medical rationale for these requests or a specific diagnosis for occupational therapy. A request for additional information was sent without response. In another utilization review decision on 5/30/14, relative to the 5/12/14 initial report, the request for bilateral upper extremity EMG/NCV studies was approved. The request for physical therapy was modified from 18 sessions to 8 additional sessions. The cervical spine MRI was denied as there was no clinical evidence of pathology, the patient did not appear to be a surgical candidate, and electrodiagnostic studies were pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for bilateral hands and wrist, QTY: 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical medicine Page(s): 9, 98-99, Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for wrist/finger arthroplasty/fusion suggest a general course of 24 post-operative visits over 8 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. Prior therapy has been approved for the fingers and upper extremities with no clear evidence of the amount of therapy provided or functional treatment response. The 5/30/14 utilization review recommended partial certification of occupational therapy for 8 additional visits. There is no current documentation to support the medical necessity of occupational therapy beyond the treatment already certified. Therefore, this request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, Indications for Imaging, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

Decision rationale: The California MTUS guidelines provide criteria for ordering cervical spine MRIs that includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Reliance only on imaging studies to evaluate the source of neck symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. Guideline criteria have not been met. There is no current clinical exam evidence suggestive of a red flag, tissue insult, or neurologic dysfunction. Physical exam documented cervical pain radiating down both arms with painful range of motion, no tenderness, no muscle guarding or spasms, and negative provocative testing. The upper extremity neurologic exam was normal. There was no stated medical rationale to support the medical necessity of a cervical MRI and the patient does not appear to be a surgical or invasive procedure candidate. Electrical study results were still pending. A trial and failure of recent comprehensive conservative treatment is not evident. Therefore, this request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 Online Edition, Indications for Imaging, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: The California MTUS guideline criteria for ordering imaging studies include 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. Guideline criteria have not been fully met. Shoulder radiographs were reported as normal. There was mild to moderate loss of shoulder range of motion that was symmetrical with positive impingement tests. There was no tenderness or painful arc of motion. Recent physical therapy documented pain reduction over 6 visits with no documentation as to the progress made in strength or range of motion. There is no clinical exam evidence suggestive of a red flag, failure of conservative treatment, or that the patient is a surgical candidate at this time. Therefore, this request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 Online Edition, Indications for Imaging, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: The California MTUS guideline criteria for ordering imaging studies include 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. Guideline criteria have not been fully met. Shoulder radiographs were reported as normal. There was mild to moderate loss of shoulder range of motion that was symmetrical with positive impingement tests. There was no tenderness or painful arc of motion. Recent physical therapy documented pain reduction over 6 visits with no documentation as to the progress made in strength or range of motion. There is no clinical exam evidence suggestive of a red flag, failure of conservative treatment, or that the patient is a surgical candidate at this time. Therefore, this request is not medically necessary.

EMG (Electromyography) study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The California MTUS guidelines state that appropriate diagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These studies may include nerve conduction studies, or in more difficulty cases, EMG. This patient presents with clinical exam findings consistent with carpal tunnel syndrome and carries a diagnosis of rule-out cervical radiculopathy. The 5/30/14 utilization review approved a request for bilateral upper extremity EMG/NCV. There is no compelling rationale to support additional authorization of electrodiagnostic testing. Therefore, this request is not medically necessary.

EMG (Electromyography) study of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The California MTUS guidelines state that appropriate diagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These studies may include nerve conduction studies, or in more difficulty cases, EMG. This patient presents with clinical exam findings consistent with carpal tunnel syndrome and carries a diagnosis of rule-out cervical radiculopathy. The 5/30/14 utilization review approved a request for bilateral upper extremity EMG/NCV. There is no compelling rationale to support additional authorization of electrodiagnostic testing. Therefore, this request is not medically necessary.

EMG (Electromyography) study of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303, 309; 347; 372-374.

Decision rationale: The California MTUS ACOEM guidelines state that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The California MTUS do not recommend electrical studies without clinical evidence of lower extremity neuropathies and state that electrical studies are contraindicated for nearly all knee diagnoses. Guideline criteria have not been met. There is no specific rationale or diagnoses presented to support the medical necessity of lower extremity electrodiagnostic studies for this patient. A clinical examination of the lower extremities is not provided that evidences a focal neurologic dysfunction. A trial and failure of recent comprehensive conservative treatment is not evident. Therefore, this request is not medically necessary.

EMG (Electromyography) study of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303, 309; 347; 372-374.

Decision rationale: The California MTUS ACOEM guidelines state that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The California MTUS do not recommend electrical studies without clinical evidence of lower extremity neuropathies and state that electrical studies are contraindicated for nearly all knee diagnoses. Guideline criteria have not been met. There is no specific rationale or diagnoses presented to support the medical necessity of lower extremity electrodiagnostic studies for this patient. A clinical examination of the lower extremities is not provided that evidences a focal neurologic dysfunction. A trial and failure of recent comprehensive conservative treatment is not evident. Therefore, this request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The California MTUS guidelines state that appropriate diagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These studies may include nerve conduction studies, or in more difficulty cases, EMG. This patient presents with clinical exam findings consistent with carpal tunnel syndrome and carries a diagnosis of rule-out cervical radiculopathy. The 5/30/14 utilization review approved a request for bilateral upper extremity EMG/NCV. There is no compelling rationale to support additional authorization of electrodiagnostic testing. Therefore, this request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The California MTUS guidelines state that appropriate diagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These studies may include nerve conduction studies, or in more difficulty cases, EMG. This patient presents with clinical exam findings consistent with carpal tunnel syndrome and carries a diagnosis of rule-out cervical radiculopathy. The 5/30/14 utilization review approved a request for bilateral upper extremity EMG/NCV. There is no compelling rationale to support additional authorization of electrodiagnostic testing. Therefore, this request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 13 Knee Complaints Page(s): 347; 372-374.

Decision rationale: The California MTUS do not address the medical necessity of NCV (nerve conduction velocity) testing for low back complaints. The Official Disability Guidelines state that nerve conduction studies are not recommended in low back injuries. Guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The California MTUS do not recommend electrical studies without clinical evidence of lower extremity neuropathies and state that electrical studies are contraindicated for nearly all knee diagnoses. Guideline criteria have not been met. There is no specific rationale or diagnoses presented to support the medical necessity of lower extremity electrodiagnostic studies for this patient. A clinical examination of the lower extremities is not provided that evidences a focal neurologic dysfunction. A trial and failure of recent comprehensive conservative treatment is not evident. Therefore this request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 347; 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS)

Decision rationale: The California MTUS do not address the medical necessity of NCV (nerve conduction velocity) testing for low back complaints. The Official Disability Guidelines state that nerve conduction studies are not recommended in low back injuries. Guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The California MTUS do not recommend electrical studies without clinical evidence of lower extremity neuropathies and state that electrical studies are contraindicated for nearly all knee diagnoses. Guideline criteria have not been met. There is no specific rationale or diagnoses presented to support the medical necessity of lower extremity electrodiagnostic studies for this patient. A clinical examination of the lower extremities is not provided that evidences a focal neurologic dysfunction. A trial and failure of recent comprehensive conservative treatment is not evident. Therefore, this request is not medically necessary.