MAXIMUS Federal Services

Case Number:	CM14-0098294		
Date Assigned:	07/28/2014	Date of Injury:	03/31/2013
Decision Date:	01/02/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 Medicine, and is licensed to practice in North Carolina. 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 patient has a reported date of injury of 10/10/2013. The patient has the diagnoses of left wrist sprain, elbow sprain, left shoulder sprain and cervical strain/sprain. The accident occurred as a result when the patient's left arm was caught by a restraint. Previous treatment modalities have included physical therapy. Per the progress notes from the primary treating physician dated 10/10/2013, the patient had complaints in the neck, left shoulder, left wrist, left arm and right knee. The physical exam noted pain in the cervical paraspinal muscles with slightly restricted range of motion, there was moderate tenderness in the wrist with negative Phalen's, Tinel's and median nerve compression tests. Treatment plan recommendations included medication and await MRI results. A progress notes from 03/11/2014 is hand written and mostly illegible. It does report no use of the left arm and recommends chiropractic therapy along with upper extremity EMG/NCV and MRI. There is also a request for a functional capacity evaluation on 01/28/2014 with no further details.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm, Wrist & Hand Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-274.

Decision rationale: The ACOEM chapter on wrist complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection. The patient does have sings per the documented physical exam of carpal tunnel syndrome .Therefore criteria set forth by the ACOEM for wrist MTI have not been met and the request is not certified.

NCV 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-Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states:Criteria for ordering imaging studies are:- Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoidsurgery- Clarification of the anatomy prior to an invasive procedurePhysiologic evidence may be in the form of definitive neurologic findings onphysical examination, electrodiagnostic studies, laboratory tests, or bone scans.Unequivocal findings that identify specific nerve compromise on the neurologicexamination are sufficient evidence to warrant imaging studies if symptomspersist. When the neurologic examination is less clear, however, furtherphysiologic evidence of nerve dysfunction can be obtained before orderingan imaging study. Electromyography (EMG), and nerve conduction velocities(NCV), including H-reflex tests, may help identify subtle focal neurologicdysfunction in patients with neck or arm symptoms, or both, lasting morethan three or four weeks. The assessment may include sensory-evoked potentials(SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologicevidence indicates tissue insult or nerve impairment, consider a discussionwith a consultant regarding next steps, including the selection of an imagingtest to define a potential cause (magnetic resonance imaging [MRI] for neuralor other soft tissue, compute tomography [CT] for bony structures). Additionalstudies may be considered to further define problem areas. The recentevidence indicates cervical disk annular tears may be missed on MRIs. Theclinical significance of such a finding is unclear, as it may not correlate temporallyor anatomically with symptoms.The provided documentation does not show any signs of emergence of red flags or physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore the request is not certified.

EMG 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-Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states:Criteria for ordering imaging studies are:- Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoidsurgery- Clarification of the anatomy prior to an invasive proceduresPhysiologic evidence may be in the form of definitive neurologic findings onphysical examination, electrodiagnostic studies, laboratory tests, or bone scans.Unequivocal findings that identify specific nerve compromise on the neurologicexamination are sufficient evidence to warrant imaging studies if symptomspersist. When the neurologic examination is less clear, however, furtherphysiologic evidence of nerve dysfunction can be obtained before orderingan imaging study. Electromyography (EMG), and nerve conduction velocities(NCV), including H-reflex tests, may help identify subtle focal neurologicdysfunction in patients with neck or arm symptoms, or both, lasting morethan three or four weeks. The assessment may include sensory-evoked potentials(SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologicevidence indicates tissue insult or nerve impairment, consider a discussionwith a consultant regarding next steps, including the selection of an imagingtest to define a potential cause (magnetic resonance imaging [MRI] for neuralor other soft tissue, compute tomography [CT] for bony structures). Additionalstudies may be considered to further define problem areas. The recentevidence indicates cervical disk annular tears may be missed on MRIs. Theclinical significance of such a finding is unclear, as it may not correlate temporallyor anatomically with symptoms.The provided documentation does not show any signs of emergence of red flags or physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore the request is not certified.

FCE-Functional Capacity Evaluation: Upheld

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) functional capacity evaluation

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations.Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a 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.Consider FCE1.Case management is hampered by complex issues such as:a.Prior unsuccessful RTW attemptsb.Conflicting medical reporting on precaution and/or fitness for modified jobsc.Injuries that require detailed exploration of the worker's abilities2.Timing is appropriatea.Close or at MMI/all key medical reports securedb.Additional/secondary conditions clarifiedThere is no indication in the provided documentation of prior failed return to week attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore criteria have not been met as set forth by the ODG and the request is not certified.

Acupuncture 2 times a week for 6 weeks, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states:Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week.The requested amount of session is in excess of the recommendation per the California MTUS. The time to produce functional improvement is 3- 6 sessions. The request is for 12 sessions. Therefore the request is not certified.