

Case Number:	CM15-0006667		
Date Assigned:	01/21/2015	Date of Injury:	07/08/2013
Decision Date:	03/19/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who suffered a work related injury on 07/08/13. Per the physician notes from 11/13/14, he complains of constant low back, cervical spine, bilateral shoulders and wrists pain. This was the last date of service for which records were available for review from the requesting physician. The treatment plan consists of lumbar spine surgery. On 01/08/15, the Claims Administrator non-certified a bilateral upper extremity EMG/NCV and MRI of the bilateral hands and wrists. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUE EMG/NCV: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182, 265, 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: According to the 11/13/2014 report, this patient presents with an 8/10 constant pain in the cervical spine, unchanged 4-5/10 intermittent pain in both wrists and occasional discomfort in the left thumb. The current request is for BUE EMG/NCV but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 11/13/2014 and the utilization review letter in question is from 01/08/2015. The patient's work status is "permanently partially disabled." Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. Review of the provided reports does not show evidence of prior EMG/NCV of the upper extremity. In this case, the patient presents with tingling and numbness into the lateral forearm and hand, greatest over the thumb which correlates with a C6 dermatomal pattern. The requested EMG/NCV of the bilateral upper extremity is reasonable and is supported by the guidelines. Therefore, the current request IS medically necessary.

MRI BL Wrist/Hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand chapter: magnetic resonance imaging

Decision rationale: According to the 11/13/2014 report, this patient presents with an 8/10 constant pain in the cervical spine, unchanged 4-5/10 intermittent pain in both wrists and occasional discomfort in the left thumb. The current request is for MRI of the wrist/hand. The Utilization Review denial letter states "there are no subjective or objective findings regarding the hands or wrists to warrant an MRI study." ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations. For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 week period of conservative and observation. Given the patient's chronic condition, ODG guidelines are consulted. For MRI of the hand/wrist, ODG guideline recommends magnetic resonance imaging when there is suspicion of a soft tissue tumor or Kienbock's disease. Review of the provided medical records does not indicate that there has been a prior MRI of the hand. In this case, the treating physician does not indicate there is suspicion for carpal bone fracture, thumb ligament injury. There is no suspicion for soft tissue tumor or Kienbock's disease. Therefore, the request IS NOT medically necessary.