

Case Number:	CM15-0132014		
Date Assigned:	07/20/2015	Date of Injury:	01/02/2015
Decision Date:	08/27/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/08/2015

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: Pennsylvania, Ohio, 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 47 year old male who sustained an industrial injury on 1/2/15. He had complaints of low back, right shoulder, and right wrist/thumb pain. Diagnoses include: sprain right shoulder, contusion right wrist, sprain right wrist and sprain lumbar region. Treatments include medication and physical therapy. Progress report dated 5/21/15 reports continued complaints of right shoulder pain and lower back ache, pain and discomfort. The back pain travels to the right thigh. Diagnosis: lumbar radiculopathy. Plan of care includes: imaging studies, MRI of lumbar spine. Work status: no lifting, pushing and pulling greater than 10 pounds. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right hand: Overturned

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

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

Decision rationale: ACOEM recommends EMG/NCV testing for patients with subtle neurological symptoms not responsive to initial treatment. An initial physician review states that this patient did not yet have a sufficient trial of conservative treatment; however, the patient continues with median nerve distribution numbness and a positive Tinel's 5 months after the injury was reported. In this situation the records do support the treatment request. This request is medically necessary.

Acupuncture 2 x 3 on the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Hand, Acupuncture.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Acupuncture Treatment Guidelines.

Decision rationale: The California Acupuncture Treatment Guidelines do not provide guidance regarding acceptable body parts for treatment. ACOEM Chapter 11 Wrist Page 265 states that there is insufficient high quality evidence to support acupuncture for the hand. The records do not provide an alternate rationale. This request is not medically necessary.