

Case Number:	CM15-0200770		
Date Assigned:	10/15/2015	Date of Injury:	09/13/2012
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who sustained an industrial injury on September 13, 2012. The injured worker is being treated for: aftercare for surgery of lumbar spine, lumbar, thoracic disc displacement, cervical herniation, tendinitis, bursitis, left; left carpal sprain, left meniscus tear, left cruciate ligament strain, left knee bursitis, and poor sleep hygiene. Medications: July 09, 2015 Tylenol #3, Ibuprofen, Trazodone. Subjective: September 03, 2015 constant, moderate to severe left wrist and hand pain described as burning and sharp: Frequent slight to moderate sharp neck pain: Constant moderate sharp thoracic pain; constant, severe, sharp, low back pain; constant moderate, sharp left knee pain: July 09, 2015 "neck pain," "left hand pain," "low back pain and left knee pain." Objective: September 03, 2015 three plus cervical spasm and tenderness of bilateral paraspinals, suboccipital and shoulder muscles; positive distraction and depression test bilaterally; two plus thoracic tenderness and spasm; four plus spasm and tenderness to lumbar region with mild swelling; Kemp's, Yeoman's, SLR, Braggard's all positive bilaterally; positive Tinel's, bracelet, and Finkelstein's left, positive valgus and vargus, Drawer, and McMurray's left: Diagnostic testing: CT scan August 12, 2015. Treatment modalities: physical therapy, surgery, psychological assessment, request for epidural injection. On September 10, 2015 a request was made for nerve conduction study and electromyography of upper extremities and three dimensional MRI of left hand that were noncertified by Utilization Review on September 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV /EMG Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in September 2012 with injury to the neck, left knee, left hand, and back. An MRI of the left hand was done in June 2013 and was normal. An MRI of the cervical spine in December 2014 included findings of multilevel disc protrusions with nerve root compromise at C5-6. Electrodiagnostic testing in February 2015 showed findings of left greater than right bilateral median mononeuropathy at the wrist. When seen by the requesting provider, she was having constant pain throughout the spine, left knee, and left wrist and hand. Physical examination findings included paraspinal muscle spasms and tenderness. Cervical distraction and shoulder depression testing was positive bilaterally. There was left wrist tenderness with positive Tinel's, bracelet, and Finkelstein testing. Authorization is being requested for electrodiagnostic testing of the upper extremities and a three-dimensional MRI of the left wrist. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, the claimant has already had the requested testing showing findings of left carpal tunnel syndrome which explains the claimant's symptoms. Repeat testing is not medically necessary.

3 D MRI Left Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work injury in September 2012 with injury to the neck, left knee, left hand, and back. An MRI of the left hand was done in June 2013 and was normal. An MRI of the cervical spine in December 2014 included findings of multilevel disc protrusions with nerve root compromise at C5-6. Electrodiagnostic testing in February 2015 showed findings of left greater than right bilateral median mononeuropathy at the wrist. When seen by the requesting provider, she was having constant pain throughout the spine, left knee,

and left wrist and hand. Physical examination findings included paraspinal muscle spasms and tenderness. Cervical distraction and shoulder depression testing was positive bilaterally. There was left wrist tenderness with positive Tinel's, bracelet, and Finkelstein testing. Authorization is being requested for electrodiagnostic testing of the upper extremities and a three-dimensional MRI of the left wrist. Guidelines recommend against repeating diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the claimant has already had an MRI of the left hand which was normal and included a complete diagnostic set of multiplanar images. The requested 3D MRI scan is not medically necessary.