

Case Number:	CM15-0034851		
Date Assigned:	03/03/2015	Date of Injury:	04/24/2013
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/24/2015

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, Arizona

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 58-year-old male who reported injury on 04/24/2013. The mechanism of injury was the injured worker was cutting down some trees and sustained an injury to the left wrist. The injured worker underwent 2 left shoulder arthroscopies in 2006 and right shoulder surgery. The most recent documentation submitted for review was dated 12/16/2014. It indicated the injured worker was being treated for a left wrist sprain and "SLAC" wrist and ulnar styloid nonunion. The injured worker continued working and indicated he felt the left wrist was stiff causing him to use his right side more and felt he had aggravated his right shoulder where he had prior rotator cuff surgery. The injured worker's medication included ibuprofen and Motrin. The physical examination revealed the fingers had full flexion and extension to the distal palmar crease without restriction. The thumb opposed to the distal palmar crease at the base of the little finger. The injured worker had decreased range of motion of the left wrist in extension and flexion. The injured worker had grip strength of 70/70/80 in the right hand per Jamar dynamometer and in the left hand a 60/60/65. The diagnoses included left wrist sprain, ulnar styloid fracture nonunion, SLAC wrist with degenerative changes and history of carpal tunnel syndrome. There was no Request for Authorization submitted for review for the requested items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refer to podiatrist and psych: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Ongoing Management Page(s): 1, 78.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The California Medical Treatment Utilization Schedule guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review failed to provide documentation to support a necessity for podiatrist evaluation. There was a lack of documentation of objective findings related to the feet. Regarding the request for a psych consult, there was a lack of documentation of evidence of depression, anxiety or irritability. The date of request could not be established through supplied documentation. Given the above, the request for refer to podiatrist and psych is not medically necessary.

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that special studies are not recommended until after a 4 to 6 week period of conservative care and observation. The clinical documentation submitted for review failed to provide the duration and the specific conservative care that was provided. There was a lack of documented rationale for the MRI. Given the above, the request for MRI of the left wrist is not medically necessary.

DME: left spica splint (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that a spica splint is recommended for the treatment of carpal tunnel syndrome. There was a lack of documented rationale for the requested spica splint. There was a lack of

documentation of recent objective findings. Given the above, the request for DME left spica splint (purchase) is not medically necessary.

EMG and NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There was a lack of documentation of objective findings to support the necessity for bilateral EMG and nerve conduction velocity testing. The documentation failed to provide a rationale for the request. Given the above, the request for EMG and NCV of the bilateral upper extremities is not medically necessary.