MAXIMUS Federal Services

Case Number:	CM15-0035888		
Date Assigned:	03/04/2015	Date of Injury:	02/26/2013
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
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 51 year old male, who sustained an industrial injury on 02/26/2013. He has reported subsequent left wrist and hand pain and was diagnosed with left wrist sprain/strain and left hand tenosynovitis. Treatment to date has included oral and topical pain medication, home exercise program and trigger injections. In a progress note dated 01/29/2015, the injured worker complained of left wrist and left hand pain. Objective findings were notable for tenderness to palpation of the dorsal and volar wrist and tenderness to palpation of the palmar aspect of the left hand. The physician noted that paresthesias and tingling continued in the median nerve distribution of the left hand and that a request for electromyography/nerve conduction testing of the bilateral upper extremities was being made due to deteriorating neurological condition. On 02/05/2015, Utilization Review non-certified requests for electromyography/nerve conduction testing of the bilateral upper extremities, follow up with an orthopedic surgeon and extracorporeal shockwave therapy, noting that the documentation doesn't support the need for the services. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Electromyography; ODG, Neck and Upper Back, Nerve conduction studies.

Decision rationale: The patient presents with pain affecting the left wrist and left hand. The current request is for EMG/NCV bilateral upper extremities. The treating physicians report dated 1/29/15 (18B) states, "Request bilateral upper extremities emg/ncv due to deteriorating neurological condition." The report goes on to state, "parasthesias and tingling continue in median nerve distribution of the left hand." The MTUS guidelines do not address the current request. The ACOEM guidelines state, "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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." Medical reports provided do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with worsening left wrist and left hand pain that has persisted for longer than 3-4 weeks. Furthermore, the treating physician feels that the current request is medically necessary due to the patient's deteriorating neurological condition and for clarification of radiculopathy vs. peripheral neuropathy. Recommendation is for authorization.

Follow up with orthopedic surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), page 127.

Decision rationale: The patient presents with pain affecting the left wrist and left hand. The current request is for Follow up with orthopedic surgeon. The treating physicians report dated 1/29/15 (18B) states, "Request bilateral upper extremities emg/ncv due to deteriorating neurological condition. Follow Up: Orthopedic Surgeon." The report goes on to state, "Follow up in for six weeks." ACOEM addresses follow up visits and states, "Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the treating physician is requesting an EMG/NCV of the bilateral upper extremities and the patient has ongoing

symptoms that require ongoing management. It is medically necessary for a follow up visit with an orthopedic surgeon to discuss the patient's options following the results of an EMG/NCV study. Recommendation is for authorization.

Extracorporeal shockwave therapy (ESWT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield of Alabama, Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Muscoloskeletal Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The patient presents with pain affecting the left wrist and left hand. The current request is for Extracorporeal shockwave therapy. The requesting treating physicians report was not found in the documents provided. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding Extracorporeal shockwave therapy: "Recommended for calcifying tendinitis but not for other shoulder disorders." In this case, a location where the EWST is to be applied was not specified in the current request. Furthermore, without a location specified and a diagnosis of calcifying tendinitis of the shoulder, the request does not satisfy the ODG guidelines. Recommendation is for denial.