MAXIMUS Federal Services

Case Number:	CM15-0042633		
Date Assigned:	03/12/2015	Date of Injury:	07/21/2014
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury on July 21, 2014. She reported a slip and fall to the floor falling onto her left side. She reported headaches, neck pain and pain on the left side of her body. The injured worker was diagnosed as having cervical spine and left trapezius musculoligamentous sprain/strain, thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, left wrist sprain/strain with DeQuervain's tenosynovitis, left hip contusion and post-traumatic headaches. Treatment has included medications, home exercise program, home EMS, physical therapy on 11/19/2014, and acupuncture therapy. Currently, the injured worker complains of low back pain and reports that she has not had any benefit with acupuncture. She complains of increased left lower extremity pain and weakness. She reports neck pain and left arm pain. The pain is described as moderate, frequent, burning and sharp in nature. On examination she has decreased range of motion of the cervical spine and the left wrist. She has radiation of pain to the left upper extremity. She has tenderness over the bilateral sacroiliac joints. The treatment plan includes MRI of the cervical spine to evaluate her left upper extremity radicular pain, decreased sensation and findings of loss of motion of the wrist and positive Spurling's test on examination. The evaluating physician requests left DeQuervain's injection, EMG/NCV of the left upper extremity and for a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left Dequervains injection under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Forearm, Wrist, & Hand (Acute & Chronic)(Not including Carpal Tunnel Syndrome)Injection2. National Guideline Clearing HouseHand, wrist, and forearm disorders, not including carpal tunnel syndrome.

Decision rationale: The injured worker sustained a work related injury on July 21, 2014. The medical records provided indicate the diagnosis of cervical spine and left trapezius musculoligamentous sprain/strain, thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, left wrist sprain/strain with DeQuervain's tenosynovitis, left hip contusion and post-traumatic headaches. Treatment has included medications, home exercise program, home EMS, physical therapy on 11/19/2014, and acupuncture therapy. The medical records provided for review do not indicate a medical necessity for 1 left Dequervain's injection under ultrasound guidance. While all the listed guidelines recommend the use of steroid injection in the treatment of Dequervain's tenosynovitis, all of them are silent on ultrasound guided injection.

1 EMG/NCV of the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-182.

Decision rationale: The injured worker sustained a work related injury on July 21, 2014. The medical records provided indicate the diagnosis of cervical spine and left trapezius musculoligamentous sprain/strain, thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, left wrist sprain/strain with DeQuervain's tenosynovitis, left hip contusion and post-traumatic headaches. Treatment has included medications, home exercise program, physical therapy on 11/19/2014, and acupuncture therapy. The medical records provided for review do not indicate a medical necessity for EMG/NCV of the left upper extremity. The purpose of electrodiagnostic study (EMG and NCV) is to obtain physiologic information about the involved area. The MTUS recommends that such information could be obtained from the physical examination; but to use these additional tests when physiological dysfunction is not obvious from the examination. For this reason, the MTUS recommends against these tests if the physical examination suggests the injured worker has physiologic dysfunction. In this particular case, it is obvious from the examination the injured worker has a

neurological dysfunction involving the C6; Also, the injured worker has been approved for MRI, aimed at confirming the findings.