

Case Number:	CM15-0049250		
Date Assigned:	03/23/2015	Date of Injury:	08/17/2012
Decision Date:	05/04/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/16/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 49-year-old female, who sustained an industrial injury on August 17, 2012. She has reported neck pain, back pain, shoulder pain, arm pain, elbow pain, forearm pain, wrist pain, right thigh pain, knee pain, and bilateral ankle pain. Diagnoses have included sprain of the shoulder/arm, cervical spine strain/sprain, thoracic spine strain/sprain, lumbar spine strain/sprain, right elbow ulnar nerve entrapment, right De Quervains tenosynovitis, chronic right ankle strain/sprain, and chronic right knee strain/sprain. Treatment to date has included medications, physical therapy, acupuncture, shockwave therapy, right knee injections, and imaging studies. A progress note dated January 14, 2015 indicates a chief complaint of neck pain, thoracic spine pain, lumbar spine pain, right shoulder/arm pain, right elbow/forearm pain, right wrist pain, right thigh pain, right knee pain, and bilateral ankle pain. The treating physician documented a plan of care that included magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the right knee, electromyogram/nerve conduction study of the right upper and right lower extremities, initial functional capacity evaluation, two beneficiary education classes, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 178, 261 & 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic) Electrodiagnostic studies.

Decision rationale: Per ODG TWC, "Electromyography (EMG) and Nerve Conduction Studies (NCS) are 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, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results)." The documentation submitted for review did not indicate any radicular symptoms relating to the right lower extremity. The request is not medically necessary.

Initial functional capacity evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

Decision rationale: The ACOEM Guidelines concerning FCE detailed the recommendation for consideration of a Functional Capacity Evaluation when necessary to translate medical impairment into functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The documentation submitted for review fails to indicate if the injured worker has had prior unsuccessful return to work attempts, that the injured worker requires a modification for return to work, or that the injured worker has additional injuries that require detailed exploration of the employee's abilities. These are the criteria set forth by the ODG for the consideration of an FCE. As the criteria are not met, the request is not medically necessary.