MAXIMUS Federal Services

Case Number:	CM13-0003803		
Date Assigned:	12/11/2013	Date of Injury:	10/20/2011
Decision Date:	03/11/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female with date of injury of 10/20/11. The progress report dated 6/26/13 by [redacted] indicates that the patient's diagnoses include: (1) Left De Quervain's tenosynovitis, (2) Left hand sprain/strain with numbness, (3) left CML, MCP joint osteoarthritis. The patient continues with left hand pain and poor grasping. There is left thumb base pain. The patient reports numbness in the radial digits. Physical exam included decreased range of motion of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for EMG of the bilateral upper extremities: 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.

Decision rationale: The patient appears to continue with left hand and thumb pain with numbness in the radial digits. The records reviewed between 1/29/13 and 10/24/13 do not appear to indicate the patient has had significant change in her symptoms. There is record of an

EMG/NCV test done on 4/19/12 which was normal. ACOEM Guidelines state that EMG and NCV including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3-4 weeks. The treating physician has multiple records of handwritten notes with very little discussion about the patient's progress. It appears the patient has had extensive physical therapy and acupuncture without significant improvement. There are no physical exam findings to indicate the patient has had a significant change in her function. The repeat EMG test does not appear to be reasonable in this case. Therefore, recommendation is for denial.

The request for NCV of the bilateral upper extremities: 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.

Decision rationale: The patient appears to continue with left hand and thumb pain with numbness in the radial digits. The records reviewed between 1/29/13 and 10/24/13 do not appear to indicate the patient has had significant change in her symptoms. There is record of an EMG/NCV test done on 4/19/12 which was normal. ACOEM Guidelines state that EMG and NCV including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3-4 weeks. The treating physician has multiple records of handwritten notes with very little discussion about the patient's progress. It appears the patient has had extensive physical therapy and acupuncture without significant improvement. There are no physical exam findings to indicate the patient has had a significant change in her function. The repeat NCV test does not appear to be reasonable in this case. Therefore, recommendation is for denial.

The request for Tramadol 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The patient continues with left hand and thumb pain with associated numbness. The MTUS states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not provide any discussion regarding Tramadol topical creams. There is no evidence that topical Tramadol can be helpful in management of chronic pain, including neuropathic pain. Furthermore, the records do not indicate the patient has had a trial of antidepressants and/or anticonvulsants. Therefore, the request is denied.