

<b>Case Number:</b>	CM14-0114608		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology 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 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/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 50-year-old male who has submitted a claim for bilateral carpal tunnel syndrome and left de Quervain's associated with an industrial injury date of 07/08/2010. Medical records from 02/10/2014 to 07/09/2014 were reviewed and showed that patient complained of upper extremity pain. Physical examination revealed well-healed scars over hands and left wrist, positive Tinel's sign over both wrists, and intact neurologic exam of both upper extremities. Of note, there was no discussion of recent surgery or need for protection concerning the wrists. Treatment to date has included bilateral carpal tunnel release (2010), left de Quervain's surgery (2011), and pain medications. There was no documentation of functional outcome from pain medications. Utilization review dated 07/15/2014 denied the request for MRI cervical spine without contrast because there was no documentation of cervical spine or upper extremity neurologic examination. Utilization review dated 07/15/2014 denied the request for EMG bilateral upper extremities because there was no mention of focal neurologic deficit. Utilization review dated 07/15/2014 denied the request for bilateral wrist orthosis because the injury was not acute.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** Pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, patient complained of upper extremity pain. Physical findings include intact neurologic exam of upper extremities. However, patient's clinical manifestations were inconsistent with focal neurologic deficit to indicate presence of radiculopathy. There was no documentation of functional outcome from pain medications to suggest conservative management failure as well. There is no clear indication for cervical spine MRI at this time. Therefore, the request for MRI Cervical Spine without Contrast is not medically necessary.

**EMG Bilateral Upper Ext:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, patient complained of upper extremity pain. Physical findings include intact neurologic exam of upper extremities. However, patient's clinical manifestations were inconsistent with focal neurologic deficit to warrant EMG study. Therefore, the request for EMG Bilateral Upper Ext is not medically necessary.

**Bilateral Wrist Orthosis, Short:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156.

**Decision rationale:** According to pages 156 of the ACOEM Practice Guidelines referenced by CA MTUS, splints encourage lack of mobility which likely impairs or delays recovery with potentially increasing risk of complex regional pain syndrome, debility and delayed recovery.

There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. In this case, the patient complained of upper extremity pain. However, the guidelines do not generally recommend splints as it restricts mobility and delays recovery. There was no discussion as to why variance from the guidelines is needed. Moreover, there was no discussion of recent surgery or need for protection concerning the wrists, which are the only indications for wrist splints. Therefore, the request for Bilateral Wrist Orthosis, Short is not medically necessary.