MAXIMUS Federal Services

Case Number:	CM14-0160869		
Date Assigned:	10/06/2014	Date of Injury:	10/31/2012
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 57 year old female who sustained a work injury on 10-31-12. An Office visit on 7-11-14 notes the claimant has pain to the right wrist and hand and fingers with gripping. The claimant reports loss of grip and dropping things. The claimant reports tingling and numbness. She reports thoracic spine and right shoulder pain and tightness. On exam, the claimant has positive Hawkins, weakness in the right, tenderness over the volar and dorsal crease of the right wrist, tenderness at carpal tunnel and tenderness over the distal ulna and radius, tenderness over the snuff box and TFCC and tenderness over the ulnar and hypothenar region and positive Tinel's and Finkelstein on the right. Phalen's and reverse Phalen's also positive with grip strength decrease. She has a hump of upper thoracic. There is tenderness over the thoracic spine with myospasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation Quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation ODG Guidelines-Low Back, Lumbar and Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation Page(s): 58-59.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that for carpal tunnel syndrome, chiropractic therapy is not recommended. This is a nonspecific event with areas to be addressed not provided. Past treatment modalities and physical therapy provided in the past not discussed. There are no extenuating circumstances to support chiropractic therapy at this juncture. The request is not medically necessary.

X-rays thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines-Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical and thoracic spine disorders - x-rays

Decision rationale: The ACOEM notes that X-ray is recommended for acute Cervicothoracic pain with red flags for fracture or serious systemic illness. There is an absence in documentation to support that this claimant has an acute fracture or any red flags at this juncture. Therefore, the medical necessity of this request is not established.

X-rays right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The ACOEM notes X-ray is recommended for evaluation of acute, subacute, or chronic shoulder pain. There is an absence in documentation to support that this claimant has an acute fracture or any red flags at this juncture. Therefore, the medical necessity of this request is not established.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The ACOEM notes that a MRI is recommended for patients suspected of having acute, clinically significant rotator cuff tears. It is also recommended for select patients with subacute or chronic shoulder pain thought to potentially have a symptomatic rotator cuff tear. There is an absence in physical exam noting that this claimant has a symptomatic rotator cuff tear. Therefore, the medical necessity of this request is not established.

MRI right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist chapter - MRI

Decision rationale: The ACOEM notes that for most patients presenting with non-traumatic hand, wrist, and forearm disorders, special studies are not needed during the first 4 weeks. Most patients improve quickly, provided red flag conditions are ruled out. This claimant has had x-rays and MRI of the right wrist in the past. The ODG notes that repeat MRI is not indicated. There are no red flags to support repeated MRI. Therefore, the medical necessity of this request is not established.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The ACOEM notes Electrodiagnostic studies are recommended to evaluate non-specific hand, wrist, or forearm pain for patients with paresthesias or other neurological symptoms. Medical Records reflect het claimant had a crush injury to the right arm. She sustained contusions and burns in her fingers. She has had physical therapy and injections. Based on the records provided, ongoing symptoms of tingling and numbness and dropping things, an EMG of the upper extremity is reasonable and medically necessary.